



Intelicode 20 User Manual

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Intelicode

Version 20 User Manual

Thank you for choosing Intelicode! Whether you are new to Intelicode or have used it in the past, the following sections will help you get Intelicode installed on your computer and ready for use.

Intelicode

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Special thanks to:

All the people who contributed to this document, the Intelicode Sales and Support staff, and all of our customers.

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Foreword

Designed by Auditing Experts,
Intelicode® is the most trusted
software of its kind.

1 Introduction



Thank you for choosing INTELCODE®! We appreciate the fact that you have placed your trust in us. Since the early days of our first product in 1998, Intelicode® has become and remains the number one software for auditing, validating, and teaching Evaluation and Management Services (E&M).

If you are new to Intelicode®, you are in for a pleasant surprise! If you have been already using Intelicode®, you know how valuable this tool is. We trust that you will find the many enhancements and new features to be a great benefit to you and your work.

Intelicode® is ideal for auditing or reviewing services for CMS compliance. Many are using Intelicode® as a "coding and auditing tool" to monitor and validate charges prior to submission. Others find this program to be ideally suited for training purposes.

Countless professionals rely upon Intelicode for consistency, reliability, and credibility for their encounter reviews, education, appeals, and expert witness testimony.

We are pleased that you have chosen Intelicode®! We invite you to call us with questions, comments, or suggestions on how we can continue to deliver an excellent product.

Thank you,

TSI - Makers of INTELICODE® products

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1.1 Features

Basic Features of INTELICODE®

- **Easy to use** - Intelicode® has a familiar look and feel to the paper audit forms you are used to using.
- **Produces a "running tally"** - Intelicode® starts calculating from the moment you start entering information.
- **Adheres to both CMS '95 and '97 Guidelines** - CMS has instructed payors to use whichever set of guidelines is most favorable to the provider. Intelicode® makes this easy. You can use both '95 and '97 exams and Intelicode® will save the highest level if you prefer.
- **Includes 2023 AMA Guidelines** - Use the updated Medical Decision Making table.
- **Audit Log** - Intelicode® keeps a log of changes to visits.
- **Dynamic Reporting** - A growing selection of reports that improve your productivity and save you time. Customizable "Audit Summary" and "Custom Provider Accuracy" reports, decide which data and the order it appears in the report. Intelicode® reporting offers you more options and more flexibility than ever!
- **Point System** - Intelicode® includes the ability to assign a point value

to each variance level. Points can be assigned for the Note Macros via the Note Macros Management Screen or assigned for errors in Procedures and Diagnoses or errors in Teaching Physician (TP) or Incident To (IT) documentation.

- **Simultaneous use of Multiple Offices** - You are able to query, sort, and run reports for data from multiple offices simultaneously!
- **SQL Server** - Intelicode® stores your data in Microsoft SQL Server giving your organization more flexibility.
- **Audit Prep Screen** - Get a head start on your audits with the Audit Prep Screen. There you can enter and save information about a visit prior to actually starting the audit. When you are ready to audit the visit, simply select the audit prep that you had saved and the information will automatically fill in the appropriate fields.
- **Management Screen** - The Management screen allows you to create, edit, or delete an office's patients, providers, and other data.
- **Import and Export Data** - The Management screen includes the ability to import data from an Excel spreadsheet or CSV (comma separated) file and export data to a CSV file.
- **Preferences** - Intelicode® includes a "Preferences" screen where you can select a default exam type, choose how to enter procedure and diagnosis codes (code or description first), and more.
- **Office Tools** - Intelicode® includes tools to import and export offices/departments.

Enhanced features of INTELICODE® Pro and P.A.T.H.

- **Stand-alone or network** - Intelicode® can run locally or on a local network. If you need to be mobile, export your data and import it into your laptop and go!
- **Supports multiple "offices"** - If you have multiple sites, departments, or clients, Intelicode allows you to maintain as many as you wish. Now, with Intelicode® you can even work with multiple offices simultaneously!
- **Copy and Send Data** - Intelicode® allows you to copy and send patients, providers, diagnosis codes, note macros, etc. from one office to another.

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1.2 What's New in Intelicode?

Our newest features and enhancements include:

- **Improved Visit Statistics Display** - A new tab on the End Screen displays a visit's procedure, modifier, diagnosis, and fee statistics.
- **Improved IntelliCurve Reporting Options** - IntelliCurve now allows you to select and compare data across different years.
- **New User Permissions for Management** - New permissions allow users to be allowed to view the full audit log or grant or revoke other users' access to their offices.
- **General Improvements** - We are working hard to bring improvements to stability, functionality, and performance and will continue to do so with each release.

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1.3 License Agreement

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11.1 *Definition.* "**Confidential Information**" means: (a) the Software Application and accompanying media; and (b) each party's business or technical information, including any

information relating to medical records, patients, software plans, designs, costs, prices and names, finances, marketing plans, business opportunities, personnel, research, development or know-how; and (c) the terms, conditions and pricing of this Agreement.

11.2 *Exclusions.* Confidential Information does not include information that: (a) is or becomes generally known to the public through no fault or breach of this Agreement by the receiving party; (b) is rightfully known to the receiving party at the time of disclosure without an obligation of confidentiality; (c) is independently developed by the receiving party without use of the disclosing party's Confidential Information; (d) the receiving party rightfully obtains from a third party without restriction on use or disclosure; or (e) is disclosed with the prior written approval of the disclosing party.

11.3 *Use and Disclosure Restrictions.* During the term, and for a period of three (3) years after any termination of this Agreement, neither party will use the other party's Confidential Information except as permitted herein, and will not disclose such Confidential Information to any third party except to its respective directors, officers, employees, legal, financial and other advisors and consultants as reasonably required in connection with the exercise of its rights and obligations under this Agreement (and only subject to binding use and disclosure restrictions at least as protective as those set forth herein). However, each party may disclose Confidential Information: (a) pursuant to the order or

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12.1 EXCEPT FOR THE PARTIES' INDEMNIFICATION OBLIGATIONS, CONFIDENTIALITY OBLIGATIONS, AND LICENSEE'S OBLIGATIONS UNDER THE SECTION ENTITLED "LICENSE EXCLUSIONS", EACH PARTY'S LIABILITY TO THE OTHER FROM ALL CAUSES OF ACTION AND ALL THEORIES OF LIABILITY WILL NOT EXCEED THE AMOUNTS PAID TO LICENSOR BY LICENSEE FROM WHICH THE CLAIM AROSE.

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AND WHETHER OR NOT SUCH PARTY HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH LOSS OR DAMAGE.

12.3 THIS ARTICLE SETS FORTH THE ENTIRE ALLOCATION OF RISK AS BETWEEN THE PARTIES.

13. Support. Licensor agrees to provide you with support services related to the Software Application ("Support Services"). Use of Support Services is governed by TSI policies and programs described in the user manual, in "online" documentation, and/or in other provided materials. Any supplemental software code provided to you as part of the Support Services shall be considered part of the Software Application and subject to the terms and conditions of this Agreement. With respect to technical information you provide to TSI as part of the registration of your license to the Software Application or in connection with the Support Services, TSI may use such information for its business purposes, including for product support and development; provided, however, that TSI acknowledges the proprietary nature of information and agrees not to disclose or to share such information or to identify the source of such information without your advance consent. Technical information does not include any data input or patient information.

14. Business Associate Agreement. The parties agree to be bound by the terms and conditions of the Business Associate Agreement ("BAA") attached hereto as Exhibit A and hereby incorporate the BAA into this Agreement in its

entirety.

15. Term and Termination.

15.1 *Term.* This Agreement remains in effect for one (1) year from the Effective Date and may be renewed for consecutive one year terms upon payment by Licensee of the annual license fees for the number of workstations for which the Software Application is installed.

15.2 *Termination for Breach.* Each party will have the right to terminate this Agreement if the other party breaches any material term of this Agreement, including but not limited to nonpayment, and fails to cure such breach within thirty (30) days after written notice thereof.

15.3 *Effect of Termination.* Upon any termination of this Agreement, Licensee will promptly return to Licensor or, at Licensee's request, destroy Licensor Confidential Information, cease using the Software Application and uninstall it from all workstations or network servers, and all copies and portions thereof, in all forms and types of media, and provide Licensor with an officer's written certification, certifying Licensee's compliance with the foregoing.

15.4 *Nonexclusive Remedy.* Termination of this Agreement by either party will be a nonexclusive remedy for breach and will be without prejudice to any other right or remedy of such party at law or in equity.

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17.1 *Assignment.* Licensee may assign this Agreement, upon notice to Licensor and without Licensor's consent, to any subsidiary or affiliate or entity owned or controlled by Licensee or to any entity succeeding to Licensee's business

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17.2 Governing Law and Jurisdiction. This Agreement will be governed by and construed in accordance with the laws of the State of Indiana without application of conflict of laws principles. The parties specifically disclaim the UN Convention on Contracts for the International Sale of Goods.

17.3 Severability. If for any reason a court of competent jurisdiction finds any provision of this Agreement invalid or unenforceable, that provision of the Agreement will be enforced to the maximum extent permissible and the other provisions of this Agreement will remain in full force and effect.

17.4 Waiver. The failure by either party to enforce any

provision of this Agreement will not constitute a waiver of future enforcement of that or any other provision.

17.6 Force Majeure. Neither party will be responsible for any failure or delay in its performance due to causes beyond its reasonable control, including but not limited to, labor disputes, strikes, lockouts, shortages of or inability to obtain labor, but excluding any of the foregoing as they relate to Licensor labor or employees; shortages of or inability to obtain energy, raw materials or supplies, war, riot, act of God or governmental action.

17.7 Relationship of Parties. The parties to this Agreement are independent contractors and this Agreement will not establish any relationship of partnership, joint venture, employment, franchise, or agency between the parties.

17.9 Non-Solicitation/Non-Hire. The parties acknowledge that soliciting and hiring each others employees may have a material adverse effect on the parties' on-going relationship. For a period of three (3) years from the Effective Date and so long as Licensee is receiving Support Services from Licensor and for one (1) year thereafter, neither party will directly or indirectly recruit, solicit, or hire any employee(s) or ex-employee(s) of the other party. Each party's sole remedy in the event of a breach of this paragraph of the Agreement shall be limited to injunctive relief only.

17.10 Entire Agreement. This Agreement, including all referenced Schedules, appendices, exhibits and attachments attached hereto or referred to herein, contains the complete

understanding and agreement of the parties with regard to its subject matter and supersedes all prior or contemporaneous agreements or understandings, oral or written, relating to the subject matter herein, including any Licensee purchase order or similar document. Any waiver, modification or amendment of any provision of this Agreement will be effective only if in writing and signed by duly authorized representatives of the parties.

EXHIBIT A
BUSINESS ASSOCIATE AGREEMENT

THIS BUSINESS ASSOCIATE AGREEMENT (this “Agreement”) is made and entered into by and between Licensee, a HIPAA covered entity (“COVERED ENTITY”) and Licensor, a HIPAA business associate (hereinafter called “TSI”).

Recitals

1. COVERED ENTITY and TSI have entered into, and may in the future enter into, an End-User License Agreement for Intelicode (“Underlying Agreement”) that will require TSI to perform, or to assist in the performance of, a function or activity or provides services of a type for COVERED ENTITY that qualifies TSI as a “TSI” for purposes of the Health Insurance Portability and Accountability Act of 1996 and the Privacy and Security Regulations promulgated thereunder in 45 CFR parts 160 and 164, as amended (the “Regulations”).

2. Pursuant to the Underlying Agreement, COVERED ENTITY will disclose or otherwise make available certain PHI

and other forms of nonpublic personal information (“PHI”) to TSI in conjunction with the particular function, activity, or services to be performed or provided by TSI for or on behalf of COVERED ENTITY.

3. COVERED ENTITY and TSI desire to enter into an Agreement as required by the Regulations, as amended, to provide satisfactory assurances to COVERED ENTITY that TSI will appropriately safeguard that PHI.

Agreement

NOW THEREFORE, COVERED ENTITY and TSI agree as follows:

1. Definitions. All capitalized terms and phrases in this Agreement shall have the same meanings as defined by the Regulations, as amended by the Health Information Technology for Economic and Clinical Health (“HITECH”) Act, and those regulations promulgated thereunder in 45 CFR parts 160 and 164, as amended (collectively the “Regulations”).

2. Restriction on Use and Disclosure of PHI. Except as permitted or required by this Agreement or as Required by Law, TSI shall not access, create, use or further disclose any PHI hereunder.

3. Authorized Uses and Disclosures. TSI is hereby authorized to use and disclose PHI but only in connection with the performance of the particular functions, activities or services set forth in the Underlying Agreement or as otherwise

required by COVERED ENTITY, in writing, from time to time. TSI may use and disclose PHI for the proper management and administration of TSI or to carry out the legal responsibilities of TSI, provided: (1) the disclosure is required by law; or (2) TSI obtains reasonable assurances, in writing, from the person to whom the information is disclosed that it will be held confidential and used or further disclosed only as Required by Law or for the purpose for which it was disclosed to the person and the person will immediately notify the TSI of any instances of which it is aware in which the Privacy or Security of the PHI has been violated.

4. TSI Obligations.

(a) Compliance; Safeguards. TSI shall comply with the HITECH Act amendments to the Regulations on or before the compliance dates established therein. TSI will implement and document appropriate Administrative, Technical and Physical Safeguards in order to preserve the Confidentiality, Integrity and Availability of PHI and to prevent any unauthorized access, use or disclosure of PHI or other successful Security Incident or other Breach involving said PHI (hereinafter collectively referred to as “Incident”) and make all such documentation available to COVERED ENTITY for review upon request.

(b) Reporting. TSI will report to COVERED ENTITY any Incident that TSI has reason to believe has or may have violated the Confidentiality, Integrity or Availability of PHI not more than four (4) business days after TSI learns of the Incident. Said report shall identify: (1) the nature of the

Incident; (2) the PHI known to be the subject of the Incident; (3) the person(s) known to have information regarding the Incident; and (4) the corrective action that TSI took or will take to mitigate and/or correct any deleterious effect of the Incident. TSI shall submit a written report to COVERED ENTITY for review upon request.

(c) Agents, Contractors, and Subcontractors. TSI shall ensure that any agent, contractor, or subcontractor, to whom it provides PHI, agrees in writing to the same restrictions and conditions that apply to TSI under this Agreement.

(d) Resident's Access to Information. TSI shall act in a manner that permits COVERED ENTITY to provide Resident access to PHI in accordance with 45 CFR §164.524.

(e) Amendment of PHI. TSI shall act in a manner that permits COVERED ENTITY to amend PHI in accordance with 45 CFR §164.526.

(f) Accounting of Disclosures. TSI shall act in a manner that permits COVERED ENTITY to account for PHI disclosures in accordance with 42 CFR §164.528.

(g) COVERED ENTITYs, Books and Records. TSI shall make its internal practices, books, and records relating to the use and disclosure of PHI received from, or created or received by TSI on behalf of COVERED ENTITY, available to the Secretary for the purpose of determining COVERED ENTITY's and/or TSI's compliance with the Regulations, as amended.

(h) Cure of Noncompliance. If COVERED ENTITY notifies TSI of an Incident or other pattern of activity or COVERED ENTITY of TSI which constitutes a material breach of this Agreement or the Regulations, as amended, TSI shall immediately take reasonable steps to end or otherwise cure the Incident or other breach of this Agreement.

(i) Mitigation. TSI shall take reasonable steps to mitigate, to the extent practicable, any harmful effect that is known to TSI or communicated to TSI by COVERED ENTITY of a use or disclosure of PHI in violation of TSI policies and procedures, this Agreement, or the Regulations; provided, however, that this provision shall not be deemed to permit or excuse any such violation.

(j) Legal Obligations. In the event TSI believes it has a legal obligation to disclose any PHI in TSI'S possession, including, but not limited to obligations that arise from the issuance of a subpoena or court order, TSI shall notify COVERED ENTITY as soon as reasonably practical after it learns of such obligation, and in any event within a time sufficiently in advance of the proposed release date such that COVERED ENTITY's rights and interests would not be prejudiced, as to the legal requirement pursuant to which it believes the PHI must be released. If COVERED ENTITY objects to the release of such PHI, TSI will allow COVERED ENTITY to exercise any legal rights or remedies which either COVERED ENTITY or TSI might have with respect to the release of the PHI, and TSI agrees to provide such assistance to COVERED ENTITY, at COVERED ENTITY's expense, as COVERED

ENTITY may reasonably request in connection therewith.

(k) Return or Destruction of the PHI. Upon the termination of the business relationship between COVERED ENTITY and TSI, TSI will return to COVERED ENTITY, or, at COVERED ENTITY's direction, destroy, all PHI received from COVERED ENTITY that TSI maintains in any form, recorded on any medium, or stored in any storage system. TSI will complete such return or destruction as promptly as possible, but not later than 30 days after the effective date of the termination, cancellation, expiration or other conclusion of the business relationship. TSI will identify any recorded PHI, in TSI'S possession, that TSI created on behalf of COVERED ENTITY, or received in its role as TSI, that cannot feasibly be returned or destroyed to COVERED ENTITY, and will limit its further use of that PHI to those purposes that make return or destruction of that PHI infeasible. Within such 30 days, TSI will certify on oath in writing to COVERED ENTITY that such return has been completed, will deliver to COVERED ENTITY the identification of any PHI for which return is infeasible and, for that PHI, will certify that it will only use or disclose such PHI for those purposes that make return infeasible. TSI shall remain bound by the provisions of this Agreement, even after termination of any business relationship between COVERED ENTITY and TSI, until such time as all PHI has been returned to COVERED ENTITY, de-identified, or otherwise destroyed as provided in this section; provided that the parties understand and agree that certain unrecorded information cannot be returned, destroyed, or de-identified, so the TSI shall remain bound by the provisions

of this Agreement so long as TSI possesses the PHI.

5. Term of this Agreement. This Agreement shall be effective when executed on behalf of both of the parties hereto and shall continue in full force and effect until terminated.

6. Termination

(a) Termination By Covered Entity. COVERED ENTITY may terminate the business relationship between COVERED ENTITY and TSI, including any Underlying Agreement or other arrangements or understandings, whether or not in writing, upon which the business relationship is based and such other agreements, arrangements or understandings are hereby amended to permit such termination, if COVERED ENTITY determines that TSI has violated a material term of this Agreement that cannot otherwise be cured by TSI.

(b) Termination By TSI. TSI may terminate the business relationship between COVERED ENTITY and TSI, including any Underlying Agreement or other arrangements or understandings, whether or not in writing, upon which the business relationship is based and such other agreements, arrangements or understandings are hereby amended to permit such termination, if TSI determines that COVERED ENTITY has violated a material term of this Agreement and/or the Underlying Agreement that cannot otherwise be cured by COVERED ENTITY. Termination of the Underlying Agreement for whatever reason shall cause this Agreement to terminate automatically and TSI shall destroy any PHI of COVERED ENTITY in its possession or control.

7. Indemnification. TSI shall indemnify and hold COVERED ENTITY and each of its officers, employees, directors, agents and representatives (“Indemnified Persons”) harmless from and against any and all claims, losses, costs, damages, or expenses, including reasonable attorneys’ fees, that arise out of any actions or omissions by TSI, or its officers, employees, directors, agents or representatives, which result in a breach by TSI of this Agreement or the Regulations, as amended. Without limiting the foregoing, COVERED ENTITY shall give TSI prompt written notice of such claim, suit, or proceeding.

8. Notices. Any notices required or permitted to be given under this Agreement shall be in writing and shall be personally delivered or sent by facsimile or by certified or registered overnight mail, first class postage prepaid, return receipt requested, or by prepaid overnight delivery service such that proof of delivery will be obtained, and shall be addressed as set forth below or to such other address as may be specified in a prior written notice to the other party. Such notice shall be deemed to be given on the date it is hand delivered, faxed or deposited in the overnight mail, as stated above. A notice shall be deemed to have been given personally to a party if it is handed to the representative of the party to whom the notice must be addressed or if left at his or her office located at the street address to which a notice would be mailed.

9. Amendment. This Agreement may not be changed, modified, or amended except by a written agreement executed on behalf of each of the parties.

10. No Waiver. No waiver of one or more of the provisions of this Agreement or the failure to enforce any provision of this Agreement by either party shall be construed as a waiver of any subsequent breach of this Agreement, nor a waiver of the right at any time thereafter to require strict compliance with all of its terms.

11. Entire Agreement. This Agreement sets forth the entire agreement and understanding between the parties as to the matters contained in it, and supersedes all prior discussions, agreements, and understandings of every kind and nature between them.

12. Headings. The headings placed before the various paragraphs and subparagraphs of this Agreement are inserted for each of reference only, do not constitute a part of this Agreement, and shall not be used in any way whatsoever in the construction or interpretation of this Agreement.

13. Governing Law. This Agreement shall be construed and enforced in accordance with, and governed by, the laws of the state of Indiana without reference to the choice of laws principles thereof.

14. No Third Party Beneficiaries. This Agreement is to be effective only in regard to the rights and obligations of COVERED ENTITY and TSI to one another hereunder. It is expressly not the intent of the parties hereto to create any independent rights in any third party or to make any third party beneficiary to this Agreement and no privity of contract shall exist between third parties and each party hereto.

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2 Getting Started

Thank you for choosing Intelicode®! Whether you are new to Intelicode® or have used it in the past, the following sections will help you get Intelicode® installed on your computer and ready for use. Find out the system requirements needed to install Intelicode® with a SQL Server, how to activate, login, plus more!

2.1 System Requirements

"Recommended" System Requirements for INTELICODE®

Hardware

- CPU: 2.4-GHz or faster 64-bit (x64) processor
- Memory: 8+ GB RAM (64-bit)
- Available Disk Space: 275-MB hard disk space. 1.5-GB of free space is required during install.
- Additional storage for backups of data. Intelicode is not responsible for lost or stolen data.

Software

- Operating System: Microsoft Windows 10, 11 or Server 2022
- Microsoft Office 2021 or 365
- Adobe Acrobat Reader (latest version) or any modern browser with a PDF viewer

"Minimum" System Requirements for INTELICODE®

Hardware

- CPU: 1.8-gigahertz (GHz) 32-bit (x86) processor or faster or 1.8-GHz 64-bit (x64) processor
- Memory: 2 gigabyte (GB) RAM (32-bit) or 4 GB RAM (64-bit)
- Available Disk Space: 275-MB hard disk space. 1.5-GB of free space is required during install.
- Additional storage for backups of data. Intelicode is not responsible for lost or stolen data.

Software

- Operating System: Microsoft Windows 10 or Server 2012 or later
- Microsoft Office 2016 or later (To view and print reports)

Optional Software:

- For Microsoft Excel import/export functionality: Microsoft Excel 2016 or later.
- For viewing PDF exports: Microsoft Word 2016 or later (for creating the reports) AND Adobe Acrobat Reader (latest version recommended) or any modern browser with a PDF viewer (Microsoft Edge, Google Chrome, Mozilla Firefox).
- For emailing: Microsoft Word 2016 or later AND Microsoft Outlook 2016 or later
- Older versions of the software listed above may work but is not officially supported.

NOTE: Wireless Connections are not supported as their

use may potentially result in data loss.

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2.2 Installation

To download the free trial evaluation:

1. Go to either the [Intelicode](#) homepage or intelicode.com/download page and click the link to "Download Free Trial".
2. Fill out the Required Fields and click Submit. We do not share this information with 3rd parties.
3. Download the installation file.
4. Locate the file on your system.
5. Close all programs.
6. Double-click on the file.
7. Follow the instructions on the dialog(s).

Note: Installation will require administrative privileges.

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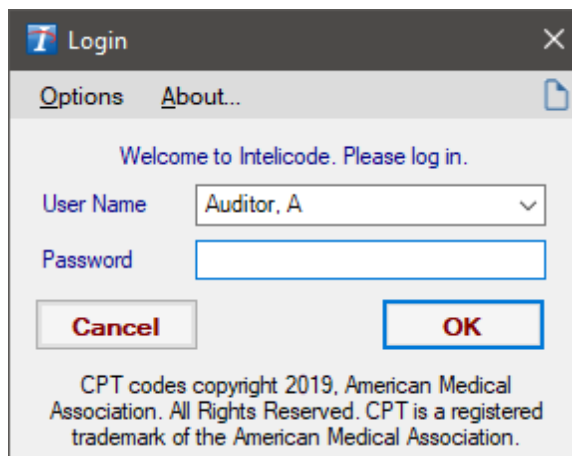
2.3 Install with SQL Server

To install INTELCODE[®] for use with Microsoft SQL

Server, you will need to:

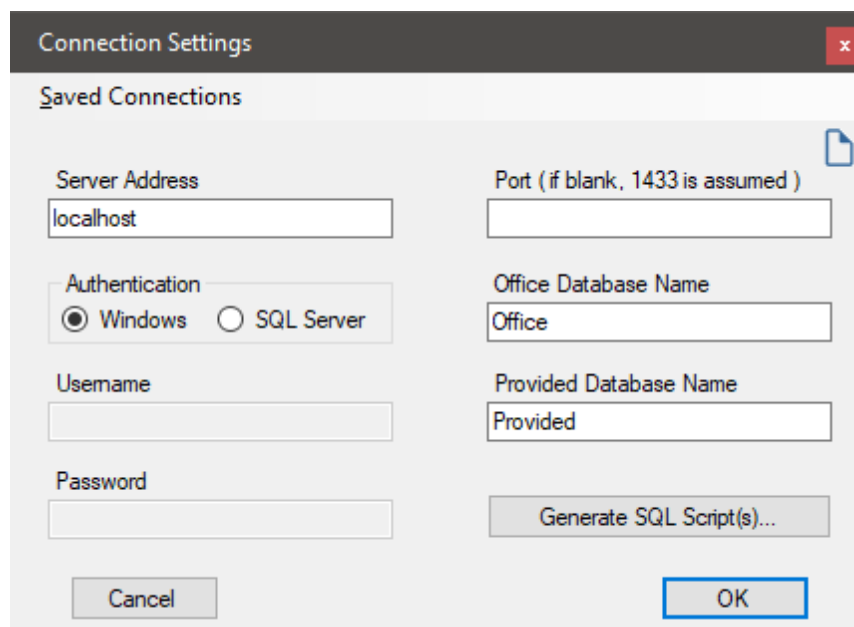
1. Download Intelicode®.
2. Have an installed copy of Microsoft SQL Server 2016 or newer (2022 or newer recommended), any edition (Express through Enterprise, not included).
3. If you need to install Microsoft SQL Server, you can find a manual here: intelicode.com/support. There you can find the links for the programs necessary and have a step-by-step walkthrough as well. If you do not already have a SQL Server instance you can download a free copy of our Express automated installer that will install and configure SQL Server Express automatically. You can get that download from here: [Automated SQL Installer](#)
4. Get Microsoft SQL Server installed on your local machine or network server. Databases will need to be created named "Office" and named "Provided" (suggested names, they can be different if needed).
5. Configure your user access and permissions to those databases for the users that will access them. User permission configuration will be required for usage, "db_owner" is recommended for updates. If you are on an Active Directory domain it is recommended to create an AD group to simplify maintenance.
6. Install Intelicode® on a machine that will have access to the SQL Server.
7. Start Intelicode® and then at the **Login** dialog click on the **Options** menu. If this is your first time launching Intelicode you will be prompted for **Connection Settings** immediately

and can skip this step.



8. Select **Connection Settings** from the menu.

9. Enter the appropriate information for your SQL Server.



10. Enter the **Server Address** (hostname or IP Address) of your SQL Server and the **Port** if you have changed it from the default of 1433 (it is common for the Express version to assign a different dynamic port). If default, it may be left blank.

11. Select the type of **SQL Server Authentication**. If "SQL

Server Authentication" is used, you must enter the **Username** and **Password** for the SQL Server user account.

- I2. In the **Office Database Name** box enter the name of the Office database you created on the SQL Server. For simplicity, "Office" is recommended.
- I3. In the **Provided Database Name**, enter the name of the "Provided" database from the SQL Server.
- I4. To populate the databases with the necessary data, you will then click the **Generate SQL Script(s)** button. This will prompt you to save a script for the "Office" database and "Provided" database. If you ran our Automated Installer for SQL then you can skip this step and the next one.
- I5. Once you have created the scripts, you will need to copy them to your SQL Server and then execute them against the databases on the server.
- I6. Click OK when finished and if all of the information entered is correct you will be connected to the database server.

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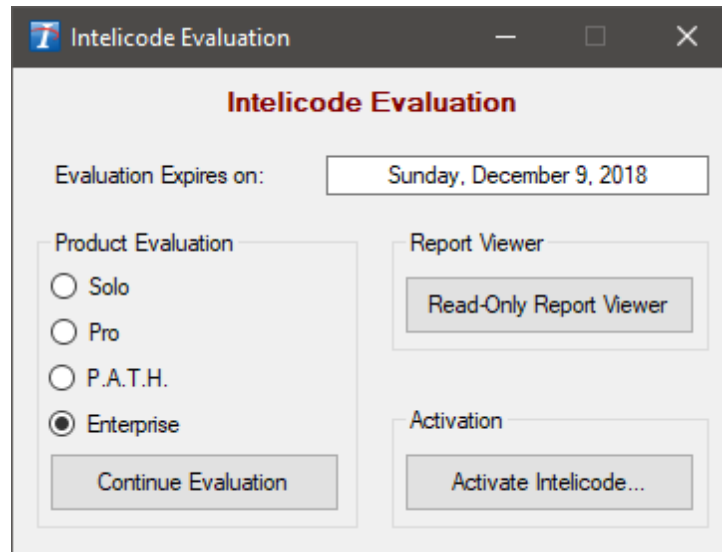
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2.4 Activation

Once installation is complete, you should see an INTELCODE[®] icon on your desktop.

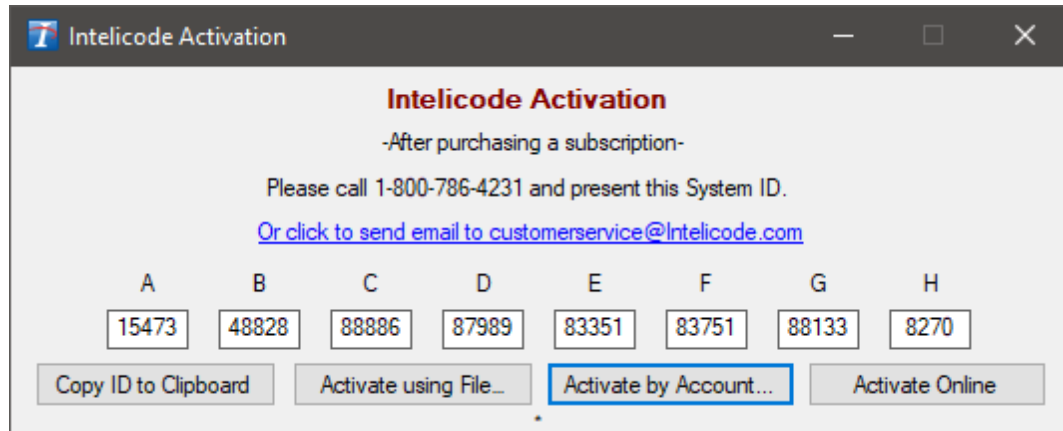
To start INTELCODE[®]:

1. Double-click the **INTELCODE®** icon on the desktop or from the **Start** menu, then find the **Intelicode** folder, click on it, then click **Intelicode**. A small window will pop up titled **Intelicode Evaluation**.



2. If you are evaluating Intelicode, select the product you wish to evaluate and click **Continue Evaluation**. The “Evaluation Expires on” date is for you to know how much of your trial is remaining.
3. If your subscription with Intelicode is current, click **Activate Intelicode**. A dialog will appear (as seen below).
4. Leave this window open. You will be required to give the **System ID** number in boxes 'A' through 'H' to activate your account.
5. Call the number shown to activate your subscription or email by clicking on **Or activate by email at customerservice@intelicode.com** link.
6. You will be directed over the phone or by emailed instructions on how to activate the subscription.

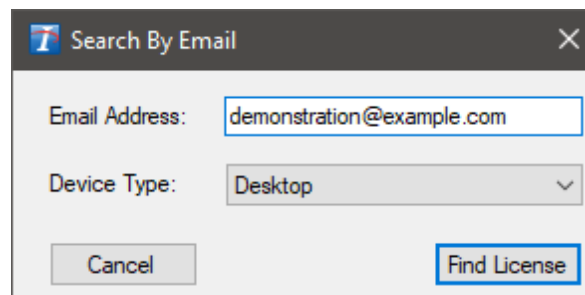
Note: Activation by email will not be immediate and is only available during regular business hours.



The image shows a window titled "Intelicode Activation". Inside, it says "Intelicode Activation" in red, followed by "-After purchasing a subscription-". Below that, it says "Please call 1-800-786-4231 and present this System ID." and provides a link: "Or click to send email to customerservice@intelicode.com". There is a table of System IDs with columns A through H. Below the table are four buttons: "Copy ID to Clipboard", "Activate using File...", "Activate by Account..." (which is highlighted with a blue border), and "Activate Online".

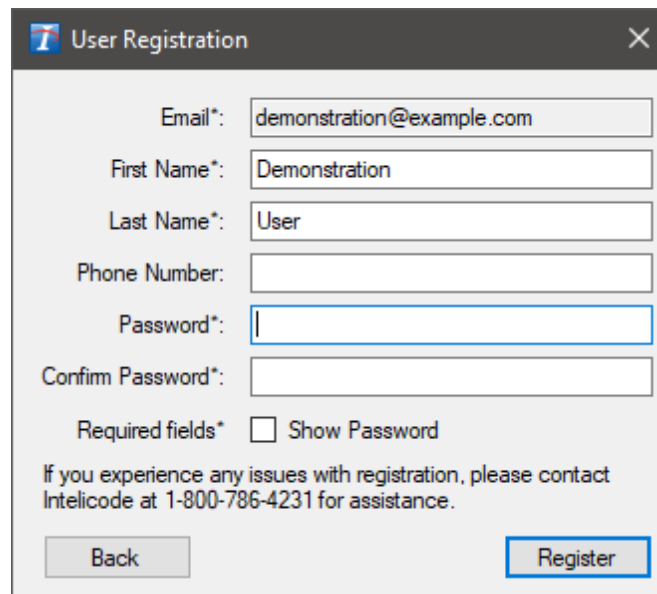
A	B	C	D	E	F	G	H
15473	48828	88886	87989	83351	83751	88133	8270

7. For online licenses purchased on our website you can click the **Activate by Account** button .
 - a. Click "Activate by Account" to activate using your online account.
 - b. Enter the email address associated with your account and select the type of computer you are using, then click Find License.



The image shows a window titled "Search By Email". It has two input fields: "Email Address:" with the value "demonstration@example.com" and "Device Type:" with a dropdown menu showing "Desktop". At the bottom are two buttons: "Cancel" and "Find License" (which is highlighted with a blue border).

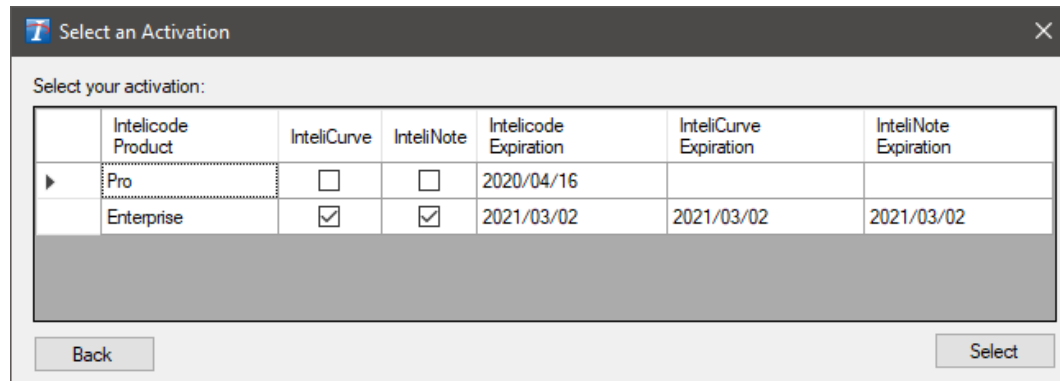
- c. If you have not completed account registration, you will be prompted to complete it now.



The 'User Registration' dialog box contains the following fields and controls:

- Email*: demonstration@example.com
- First Name*: Demonstration
- Last Name*: User
- Phone Number: (empty)
- Password*: (empty)
- Confirm Password*: (empty)
- Required fields* ☐ Show Password
- Footer text: If you experience any issues with registration, please contact Intelicode at 1-800-786-4231 for assistance.
- Buttons: Back, Register

d. Your activation will be retrieved now. If you have been given access to multiple activations, you will be asked which you want to use.



The 'Select an Activation' dialog box displays a table with the following data:

	Intelicode Product	InteliCurve	InteliNote	Intelicode Expiration	InteliCurve Expiration	InteliNote Expiration
▶	Pro	<input type="checkbox"/>	<input type="checkbox"/>	2020/04/16		
	Enterprise	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2021/03/02	2021/03/02	2021/03/02

Buttons: Back, Select

e. If your user account or activation(s) are not found, your organization's primary contact will need to reserve licenses for you through our website at Intelicode.com.

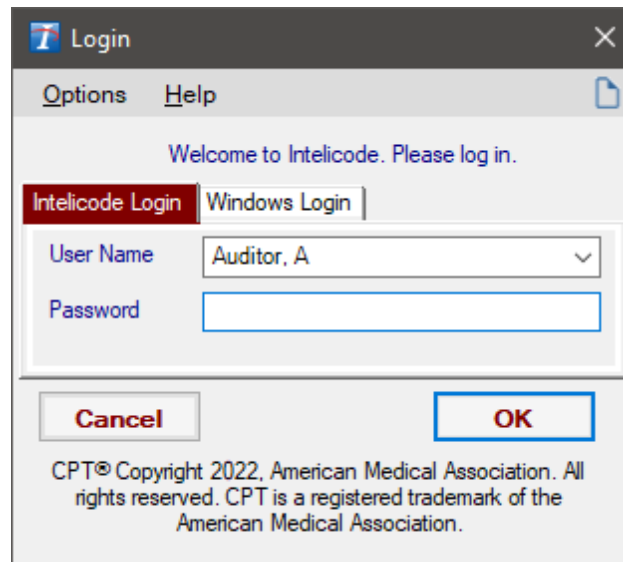
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2.5 Login

To login to INTELICODE®:

- I. When launching Intelicode® the first time you will need to create a User Name in the "Administrator" panel. See the [Administration](#) help page for more information about entering users.



2. When you launch Intelicode® you will see the **Login** screen. When using the **Intelicode Login**, **Auditor A** and **Auditor B** will be there by default as samples and have no password assigned.
 - o a. **Intelicode Login**
 - i. Click the Intelicode Login tab, then click the **User Name** dropdown list and select your name.
 - ii. Enter your password.
 - iii. Click **OK** or press the **Enter Key** to log in.

- o b. **Windows Login**
 - i. Click the **Windows Login** tab.
 - ii. Click **OK** or press the **Enter Key** to log in. A password is not required at this time.
 - iii. If prompted, confirm your first and last name. This is only needed for some users on their first login.

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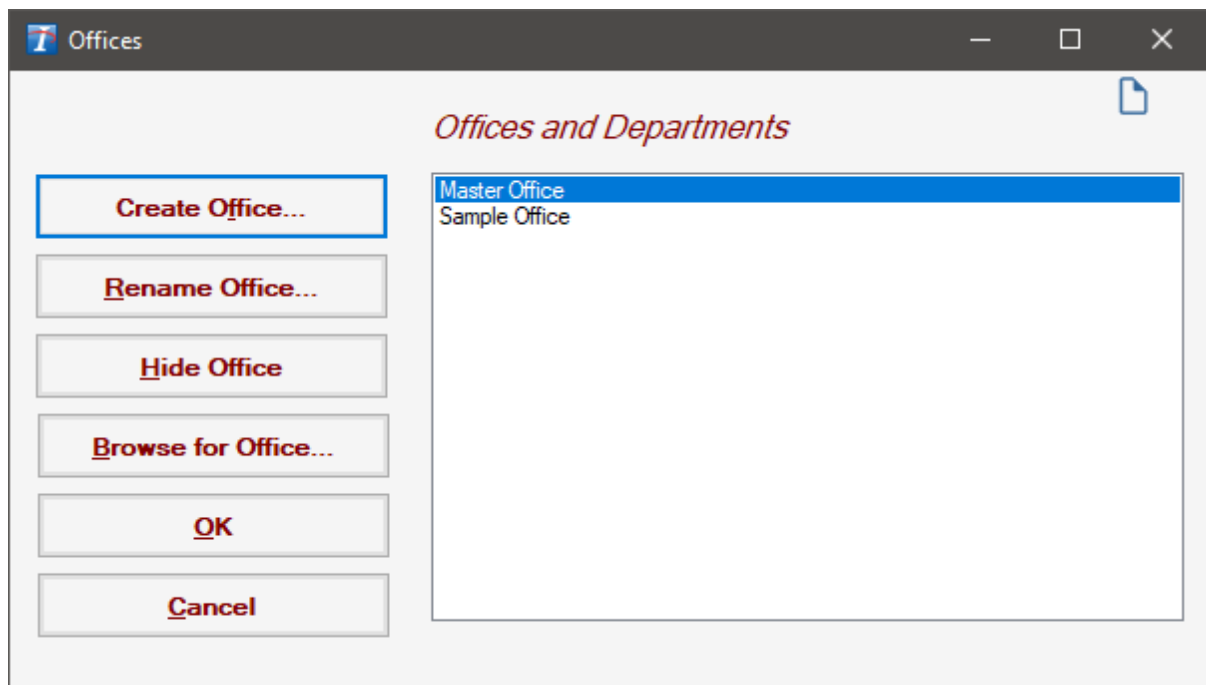
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2.6 Create a New Office

To create a new office:

1. After logging in, the next screen to come up is the **Offices and Departments** screen. You can also access this screen by clicking on the **Office** menu at the top of the screen and then clicking on **Create/Change - Offices/Departments**
2. You must have permission to create an office. If you do not, the **Create Office** button will have gray text. If this is the case, you will have to either be given permissions by your **Administrator** or you will have to have your **Administrator** create the office. To learn more about managing offices, permissions, and users, see the

[Administration](#) help page.



3. Click **Create Office**. The **Office Management** screen will come up.
4. Fill in the necessary information and click **OK**. The **Office Management** screen disappears.

The screenshot shows a dialog box titled 'Office Management'. It contains several input fields and a section for 'RVU - Place of Service'. The fields are: 'Office Name', 'Address', 'Phone Number', 'City', 'Fax Number', 'State' (a dropdown menu), and 'Zip'. The 'RVU - Place of Service' section has two radio buttons: 'Non Facility' (which is selected) and 'Facility'. At the bottom right, there are 'OK' and 'Cancel' buttons.

5. To begin using this office, click the office name on the **Offices and Departments** screen and click **OK**.

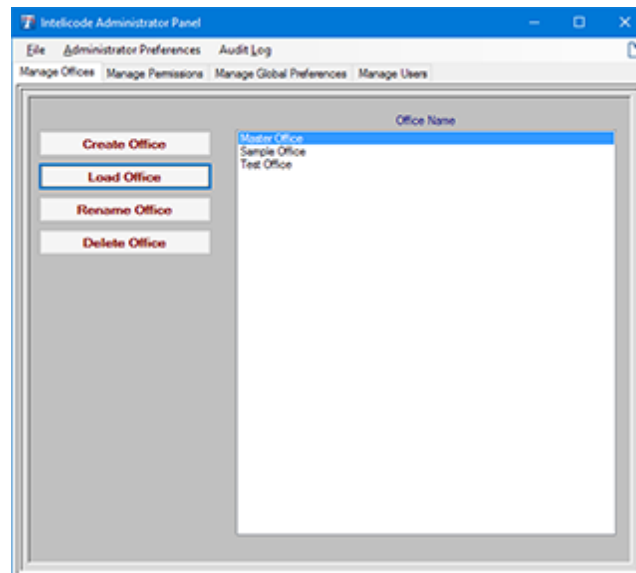
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2.7 Load an Office

To load an exported INTELCODE[®] office file into INTELCODE[®]: (note: Intelicode versions must match)

1. From the **Login** screen, click on the **Options** menu.
2. From the **Options** menu, select **Administrator Panel**.
3. Enter the **Administrator Password**. The **Intelicode Administrator Panel** will appear.



4. Click the **Load Office** button.
5. Browse to the location of the Intelicode[®] .ited office file that you

would like to import.

6. Select the file and click **Open**.
7. Click **Yes**. This process may potentially take several minutes.
8. Your imported office should now appear in the list of office names.

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2.8 Basic Steps

The following simple steps will outline the overall flow as well as the necessary information to perform an audit using Intelicode[®]. Below, we will define the minimal information required to start the process:

1. **Patient ID:** This is the medical record number or whatever set of numbers, characters, etc. that is used to identify the patient.
2. **Last Name | First Name:** This is the last name and first name of the patient whose encounter is being audited.

Note: The patient name is **not** required to perform an audit.

3. **D.O.B.:** (Date Of Birth) This is the date of birth of the patient. Enter the D.O.B. in MM/DD/YYYY format.

Note: The patient D.O.B. is **not** required to

perform an audit. A D.O.B. is only necessary when auditing services for service types which are age-driven.

4. **Patient Status:** Each patient will automatically be flagged as a new patient the first time you enter them into the software. Change the patient status accordingly.
5. **Gender:** Choose 'Male', 'Female', 'Other', or 'Unknown'. 'Unknown' is selected by default.
6. **User:** This is a required field. Please verify the correct User/Reviewer is shown. If not, please select the correct User/Reviewer.

Note: When a user is set up, a password is **not** required.

7. **Visit Date:** This is the date of service for the encounter being audited. The Visit Date automatically defaults to the current date. Change the date accordingly. You may enter the date manually by changing the month, date, or year, or you may click on the drop down arrow and select the date from the display calendar.
8. **Service Type/Subservice Type:** This tree view had the Service Types loaded in for you depending on your visit date. There may be a plus '+' symbol next to the Service Type you select, which means that it has at least 1 Subservice Type as well. Click the '+' symbol to expand and see the Subservice(s). If you want to collapse the Service Type so it does not show the Subservice(s), click the minus '-' symbol to collapse it. Simply click on the Service or Subservice Type to assign it to your visit.

Note: If **Consultations** is selected for the Service Type, the **Consult Verification** questions must be answered and the requirements met to continue with the audit, unless otherwise set in the Preferences Screen.

Once the required information is entered, the navigation buttons (**Patient, History, Exam, Decision, End**) will become active.

Note: The **Visit Date** and **User** will remain the same from encounter to encounter until you change them or exit the program.

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2.9 Administration

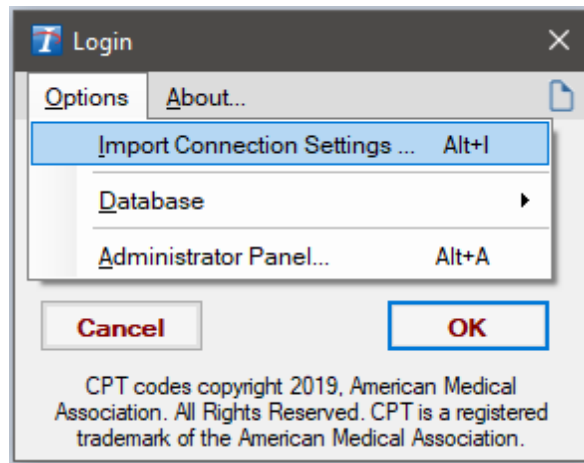
Access the administrative tools by clicking on **Options** from the **Login** screen that comes up when you launch the program (or from the Tools menu once you have logged into an office). The **Login** screen can also be accessed from within the program by clicking on the **Change - User Connection** option on the **User/Connection** menu at the top of the screen.

To Import Connection Settings:

- I. Click on **Import Connection Settings...** on

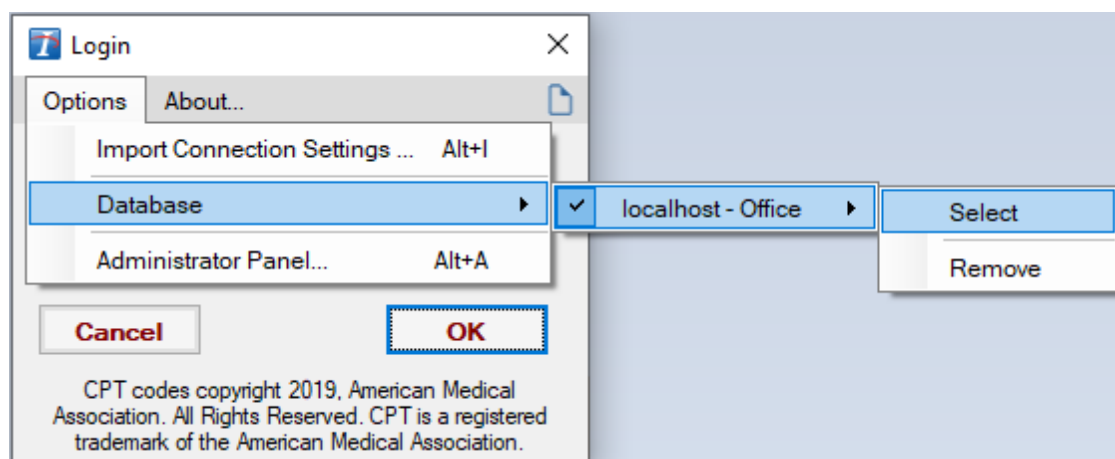
the **Options** menu.

2. Browse to the location that has the "Intelicode Connection File" (.tsicn) that you are looking for.
3. Select the file and click **Open**.



To Select Database Server:

1. Hover over **Database Type** on the **Options** menu.
2. Select the appropriate database server. Most users will have only one.



Administrator Panel:

1. Click on **Administrator Panel** on the **Options** menu.

2. Enter the administrator password and click **OK**. The **Intelicode Administrator Panel** comes up.

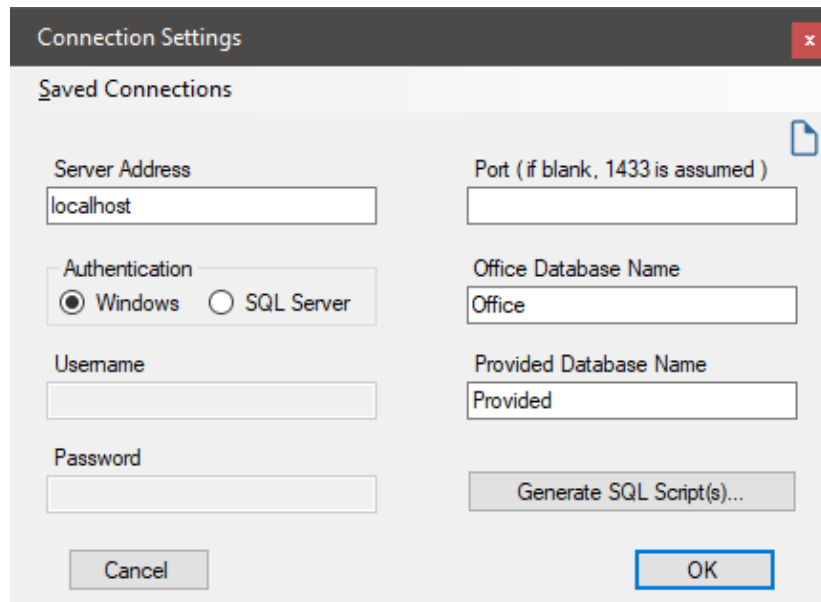
3. **Settings:**

a. **Connection Settings:**

i. Click on the **File** menu and choose **Connection Settings**. The **Connection Settings** screen comes up.

ii. To set up a SQL Server connection, enter the following information.

iii. Fill in the **Server Address**, **Port**, **Username**, and **Password** as appropriate.

The screenshot shows a 'Connection Settings' dialog box with a title bar and a close button. Below the title bar is a section labeled 'Saved Connections' with a document icon. The dialog contains several input fields: 'Server Address' (with 'localhost' entered), 'Port (if blank, 1433 is assumed)' (empty), 'Authentication' (with 'Windows' selected via a radio button and 'SQL Server' as an option), 'Office Database Name' (with 'Office' entered), 'Username' (empty), 'Provided Database Name' (with 'Provided' entered), and 'Password' (empty). There is a 'Generate SQL Script(s)...' button on the right. At the bottom are 'Cancel' and 'OK' buttons.

iv. Click **OK** when you are finished.

b. **Save Connection Settings (only available when using SQL Server):**

i. Click on the **File** menu and choose **Save Connection**

Settings.

- ii. Browse to the location that you want to save the "Intelicode Connection File" (.tsicn).
- iii. Type in a file name.
- iv. Click **Save** to save the file.

c. **Load Connection Settings:**

- i. Click on the **File** menu and choose **Load Connection Settings**.
- ii. Browse to the location that has the "Intelicode Connection File" (.tsicn) that you are looking for.
- iii. Select the file with a (.tsicn) extension and click **Open**

4. **Manage Offices:**

a. **Create Office:**

- i. Click the **Create Office** button on the **Manage Offices** tab. The "Office Management" screen comes up.
- ii. Fill in the appropriate information.
- iii. Click **OK** when finished.

b. **Load Office:**

- i. Click the **Load Office** button on the **Manage Offices** tab.
- ii. Browse to the location that has the "Intelicode Office File" (.tsi) that you are looking for.

iii. Select the file and click **Open**.

c. **Rename Office:**

- i. Select from the list the office that you wish to rename.
(You can also change the address and other information.)
- ii. Click the **Rename Office** button on the **Manage Offices** tab. The "Office Management" screen appears with the current information filled in.
- iii. Change the **Office Name** or any of the other fields.
- iv. Click **OK** when finished.

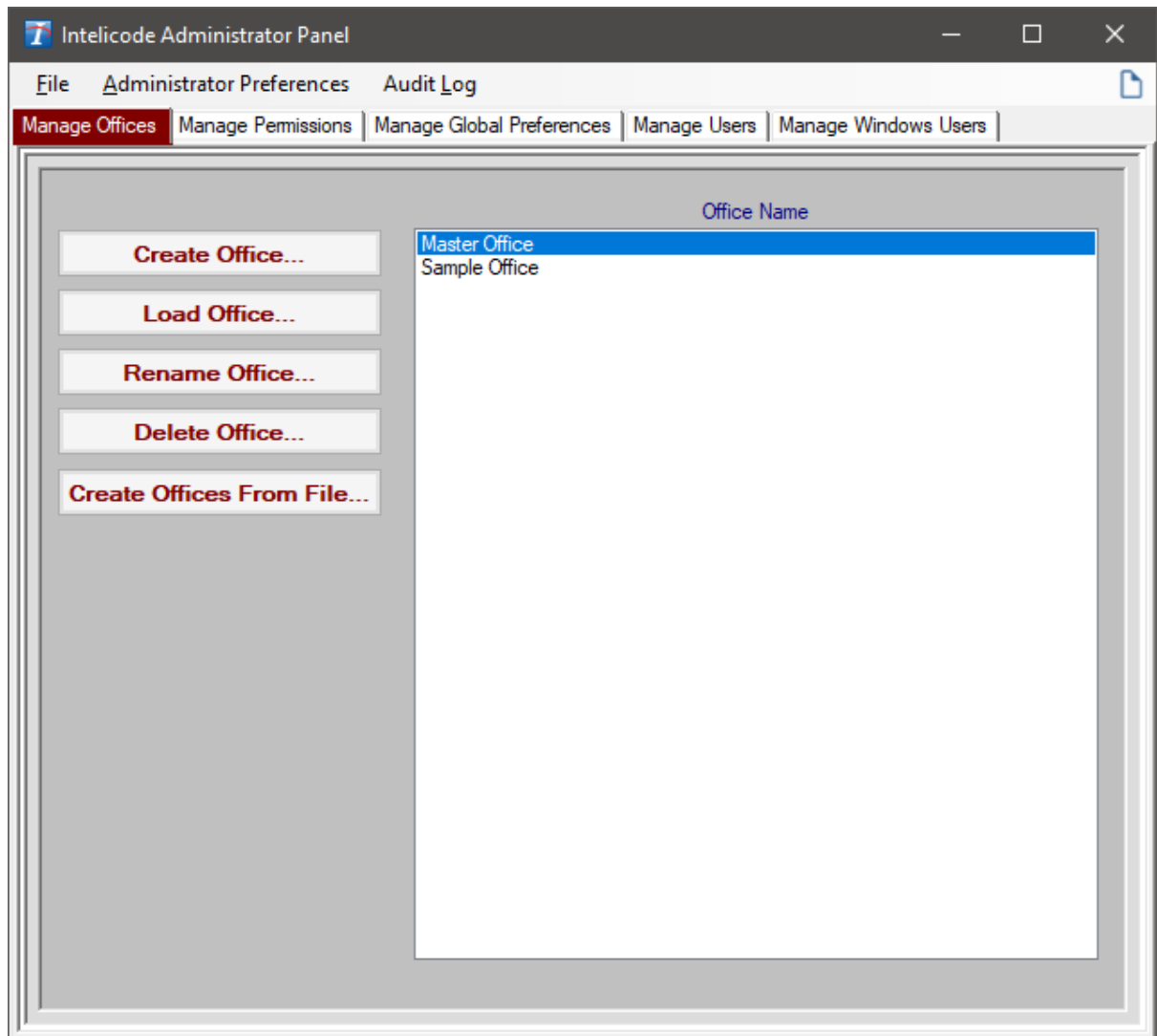
d. **Delete Office:**

- i. Select from the list the office that you wish to delete.
- ii. Click the **Delete Office** button on the **Manage Offices** tab. A "Deleting Office" alert appears.
- iii. Click **Yes** if you indeed wish to delete the office.

e. **Create Office(s) from file:**

- i. Click the **Create Offices From File** button on the **Manage Offices** tab.
- ii. Browse to the location of the file you wish to import.
- iii. Using the drop down box in the lower-right portion of the **Open** window, choose the file type of the file you wish to import.
- iv. Next, select the file by clicking on it.

- v. Click the **Open** button to import the file.
- vi. You will be asked the question, "Does this file have headers?" If the top row in your spreadsheet or CSV file is made up of column headings, click **Yes**. Otherwise, click **No**.
- vii. If you clicked **Yes**, you will next have the opportunity to match up the fields in your file to the **Office** table fields. Read the text in the light blue box at the bottom of the **Import Fields** window for further instructions. Click **OK** when you are confident that the fields are matched up properly.
- viii. If you clicked **No**, you will need to match the column name to the column in your data. You can do this by right-clicking on a field and matching it up to the number of the order in which it appears in your data. The order begins with "0". Click **OK** when you are confident that the fields are matched up properly.
- ix. Offices will be created or updated with the information in the file.
- x. If an office already exists, you will be asked whether you want to update the office. You may click Yes to update this office, **All** to update all offices, **No** to skip this office, **None** to skip all existing offices, or **Cancel** to stop this process.
- xi. If you have questions about creating or updating offices from a file, see the [Importing Office Creation Data](#) help page.



5. Manage Permissions:

a. User Permissions:

- i. To create a custom level of permissions, click on **Custom** and check the appropriate permission settings. You can also click **Select All** to select all permissions or click **Select None** to select no permissions.
- ii. If you wish to set a User to have a certain User Group outside of **Custom**, there is also **Read Only**, **Administrator**, and **User** Permission sets.

- iii. The permissions associated with these groups cannot be edited and are already designated to the appropriate Group. An example of an un-editable Group is **Read Only**, this Group has no Permissions associated with it and cannot have any permissions associated to it.
- iv. After you have finished making the necessary changes, remember to click the **Save** button on the left side to save your changes.
- v. Custom user groups can be created. They can be assigned any permissions needed and can be assigned per user if desired.

b. Password Settings:

- i. To set the number of minimum characters for a user's password, click on the dropdown box just under the **Minimum Characters** heading and select the desired number.
- ii. To set the number of maximum characters for a user's password, click on the dropdown box just under the **Maximum Characters** heading and select the desired number.
- iii. To require the user to change his/her password after a set amount of time, click on the dropdown box after it says **Change Every...** and select the desired number of days.
- iv. To require the user to have at least one uppercase character and at least one lowercase character in his/her

password, check **Mixed Case**.

- v. To require the user to have at least one letter and at least one number in his/her password, check **Alphanumeric**.
- vi. To require the user to have at least one "special character" (ie., !@#\$%^*) in his/her password, check **Special Characters**.
- vii. Once you have selected the Password Requirement Settings, click the **Save** button on the right side to save your requirements.

The screenshot displays the Intelicode Administrator Panel with the 'Manage Permissions' tab selected. The interface is divided into two main sections: 'User Permissions' on the left and 'Password Settings' on the right.

User Permissions:

- User Groups:** A list of checkboxes for 'Read Only', 'Administrator', 'User', and 'Custom'.
- Buttons:** 'Rename Group...', 'Delete Group...', and 'Add User Group...'.
- Permissions:** A list of checkboxes for various actions, including 'Access Other Users' Visits', 'Archive Visits', 'Create And Edit Offices', 'Create/Edit Attending Providers', 'Create/Edit Fee Schedules', 'Create/Edit Modifiers', 'Create/Edit Note Macros', 'Create/Edit Patients', 'Create/Edit Payors', 'Create/Edit Requesting Providers', and 'Create/Edit Residents'.
- Buttons:** 'Select All', 'Select None', and 'Save'.

Password Settings:

- Minimum Characters:** A dropdown menu set to '0'.
- Maximum Characters:** A dropdown menu set to '0'.
- Change Every:** A dropdown menu set to '0' followed by 'Days'.
- Password Requirements:** A list of checkboxes for 'Mixed Case', 'Alphanumeric', and 'Special Characters'.
- Buttons:** 'Save'.

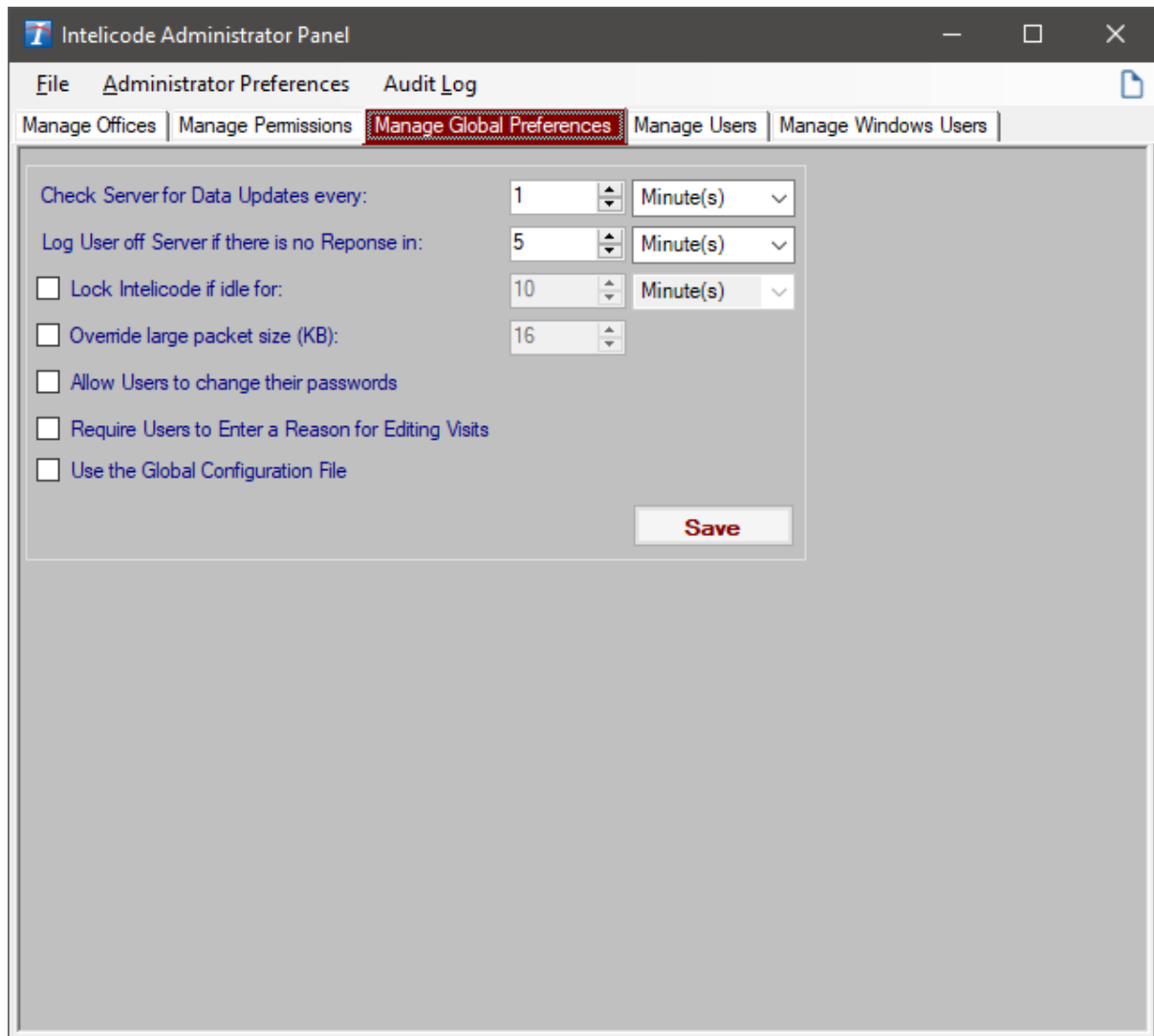
Account Lockout:

- Enable Account Lockout:** A checkbox that is currently unchecked.
- Lockout Settings:**
 - Lock account after:** A dropdown menu set to '5' followed by 'failed attempts'.
 - Automatically unlock account after specified time:** A checkbox that is currently unchecked.
 - Unlock account after:** A dropdown menu set to '30' followed by 'Minute(s)'.
- Buttons:** 'Unlock All Accounts' and 'Save'.

6. Manage Global Preferences:

a. Global Preferences:

- i. To change the rate at which the programs checks the server for updated data, enter the desired value. This setting is for multiple users sharing the same data on the same server.
- ii. To log the user(s) off after a period of inactivity, enter a value here.
- iii. If you wish to have the Intelicode screen lock after an idle period, check the box and enter a timeout period.
- iv. The Override large packet size option is used to optimize performance in some situations. The default value of 16 should be used in most cases.
- v. If you wish to let users change their own passwords, check this box. The password change option is available from the tools menu on the main Intelicode® screen.
- vi. If you wish to require end user(s) to enter an explanation as to why they have edited a visit check the box and the user(s) will be prompted upon saving for a reason.
- vii. If you wish to have the Preferences saved Globally on an application server, check the Use the Global Configuration file box, otherwise settings will be saved per user in their user profile.



7. Manage Users:

a. Create New User:

- i. To create a new user, click on the **New User** button. The information is now blank. Fill in the appropriate information.
- ii. To delete existing user(s), select the user(s) from the **Users** list that you wish to delete. Click on the **Delete User(s)** button. Confirm if you indeed wish to delete the

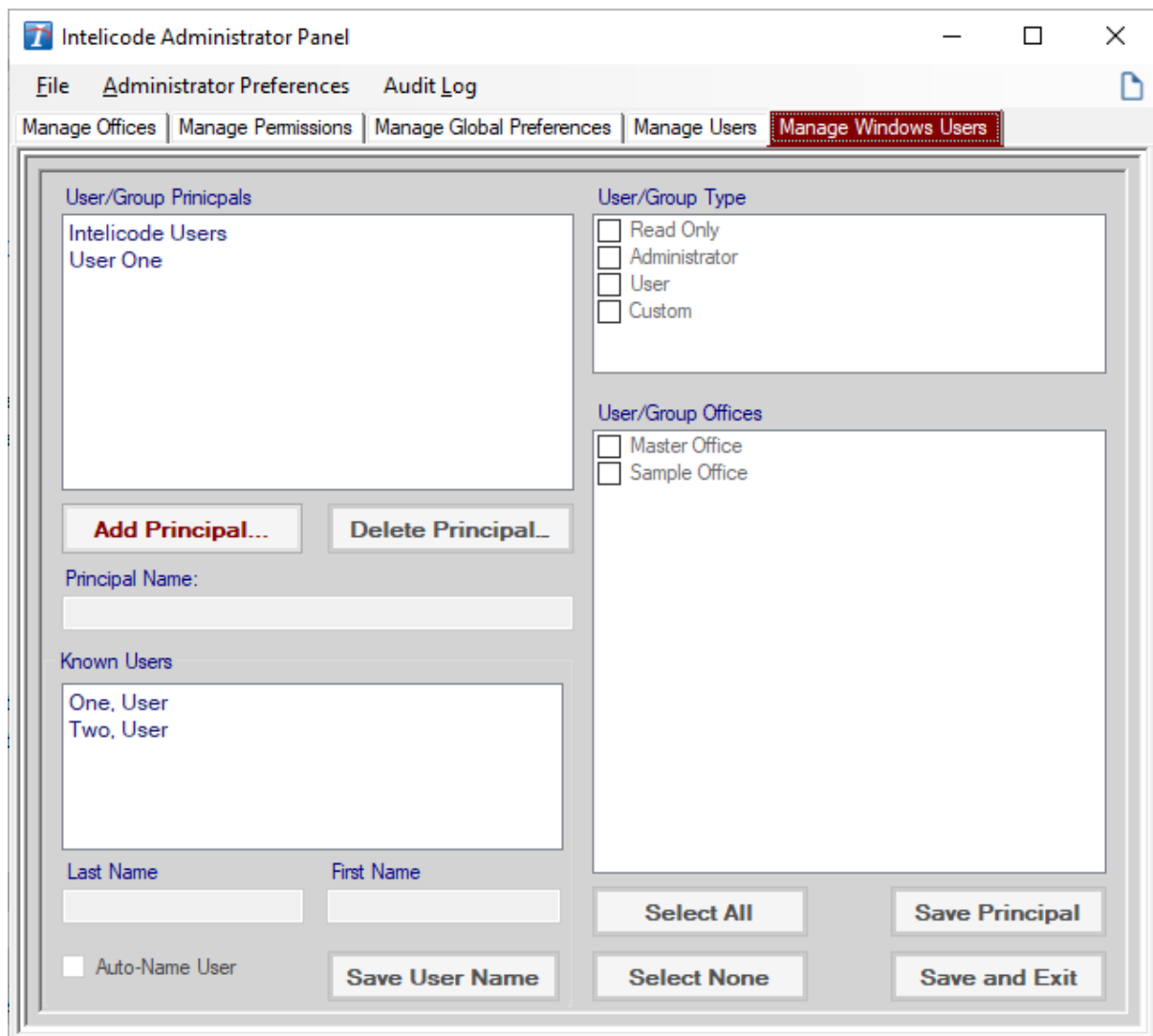
user(s).

- iii. To alter a user's settings, select the user from the **Users** list whose settings you wish to alter. Make the necessary changes to the information.
- iv. To set or change the user's password, check the **Change Password** checkbox.
- v. To set a user's permission settings, select the user from the **Users** list, then check the box under the **User Type** heading that represents the permission level you would like this user to have.
- vi. To designate which office(s) will be available to a particular user, select the user from the **Users** list, then check the appropriate offices under the **User Offices** heading.
- vii. You may save your changes at any time in the process by clicking the **Save** button.
- viii. To save your changes and exit the **Administrator Panel** in one click, click the **Save and Exit** button.

The screenshot displays the Intelicode Administrator Panel with the 'Manage Users' tab selected. The interface includes a menu bar with 'File', 'Administrator Preferences', and 'Audit Log'. Below the menu bar are tabs for 'Manage Offices', 'Manage Permissions', 'Manage Global Preferences', 'Manage Users' (active), and 'Manage Windows Users'. The main content area is divided into several sections:

- Users:** A list box containing 'Auditor, A' (selected) and 'Auditor, B'.
- User Type:** A group box with four checkboxes: 'Read Only' (unchecked), 'Administrator' (checked), 'User' (unchecked), and 'Custom' (unchecked).
- User Offices:** A group box with two checkboxes: 'Master Office' (checked) and 'Sample Office' (checked).
- Buttons:** 'New User', 'Delete User...', and 'Unlock Account' are located below the Users list.
- Form Fields:** 'User ID' (text box with '100'), 'Last Name' (text box with 'Auditor'), and 'First Name' (text box with 'A'). There is also an 'Archived' checkbox (unchecked) and a 'Change Password' checkbox (unchecked).
- Action Buttons:** 'Select All', 'Select None', 'Save', and 'Save and Exit' are located at the bottom right.

8. Manage Windows Users:



a. Setting Permissions:

- i. Permissions can be assigned to a user or group by using the **Add Principal** button to select the user or group principal.
- ii. User or group principal names can be edited through the **Principal Name** textbox.
- iii. To set the permissions for the user or group, select the entry in the **User/Group Principals** list, then check the box in the

User/Group Type list for the appropriate permissions. See **Manage Permissions** above for information on the permission types.

- iv. To designate which office(s) will be available to a user or group, select the entry from the **User/Group Principals** list, then check the appropriate offices under the **User/Group Offices** heading.
- v. You may save your changes at any time by clicking the **Save Principal** button.
- vi. To save your changes and exit the **Administrator Panel** in one click, click the **Save and Exit** button.

b. Effective User permissions:

- i. Users can be given permission directly or through membership in a group.
- ii. Any permissions granted to a user or groups they belong to are added together.
- iii. For example, if a user belongs to a group with “User” permissions and also a group with “Administrator” permissions, they will be able to do anything that a User or Administrator can do and access any offices that either group can access.

c. Managing Users:

- i. Users who have been assigned permissions directly or have logged into Intelicode will appear in the **Known Users** list.

- ii. The **Auto-Name User** option will allow users' names to automatically update on login if the user is connected to a domain controller.
- iii. A user's name can be changed by selecting a user, then editing the name fields.
- iv. Click **Save User Name** to save changes to a user. Note that users' names may be changed automatically if the **Auto-Name User** option is left enabled.
- v. Users may be deleted from the **Known Users** list by right-clicking on the name and selecting **Delete User**.
 - 1. **This does not remove the user's permissions.** Permissions must be removed by removing the user from groups that have permissions or by removing or editing permissions for the user or group.
 - 2. Users cannot be deleted if they have been granted permission directly rather than through a group. Right-clicking on these users will show a **Select Principal** option to allow quick access to the user's permissions.

d. Removing Permissions:

- i. Permissions can be granted to a user directly or through membership in a group.
- ii. If permission was granted directly, permissions can be removed by selecting the entry in the **User/Group Principals** list, then

unchecking the checked items in the **User/Group Type** list and **User/Group Offices** list and then clicking **Save Principal**.

- iii. Permissions may also be removed by selecting the entry in the **User/Group Principals** list, then clicking **Delete Principal**.
- iv. If permission was granted to a user through membership in a group, their permissions can be removed by either removing them from the group or removing permissions from the whole group.

9. Audit Trail:

a. Purpose:

- i. The Audit Log within Intelicode® was created to keep an audit trail of changes made to audits and other data. The Audit Log tracks many different events within Intelicode®. These events include creating, editing, and deleting data, viewing data simply by opening Visit Summaries, printing a report, or opening audits into the patient screen, and even user login information such as when a user logs in, fails to log in, changes a password, and more. Additionally, the Audit Log adds some security in which Intelicode monitors the data and shows indicators in the Audit Log if suspicious activity in the logs is detected. This includes logs being deleted or edited outside of Intelicode itself.

b. Opening the Audit Log:

- i. You can open it through Visit Summaries by right-clicking on a

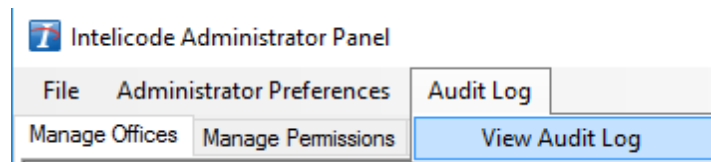
visit and choosing “Show History”

*note that this item is only available if the currently logged-in user’s User Group has permission to view visit history. To check this, look under Mange Users and Manage Permissions in the Administrator Panel.

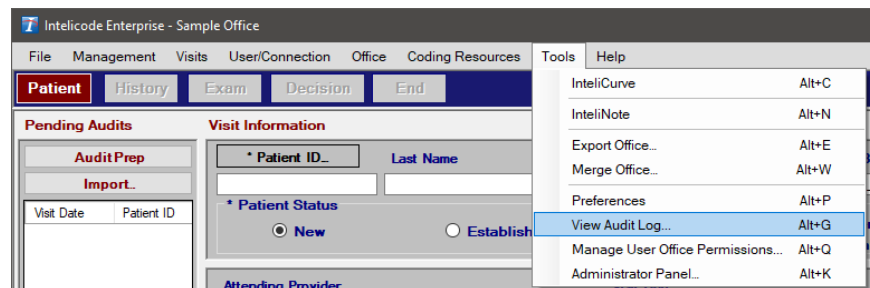
	Pat. ID	Visit ID	Visit Dt.	Audit Dt.	Patient	Dis
▶	1719	104	04/17/201			
	5544	94	05/08/201			
	636350	93	04/18/201			
	776004	127	04/16/201			
	1034	116	06/27/201			
	6465	103	04/16/201			
	7896	147	04/17/201			
	633369	143	04/16/201			

Select Grid Columns
Reset Grid to Default
Show History
Delete Visit(s)
Archive Visit(s)
Send Visit(s) to Another Office

- ii. You can also choose the menu item "View Audit Log" from within the Administrator Panel.

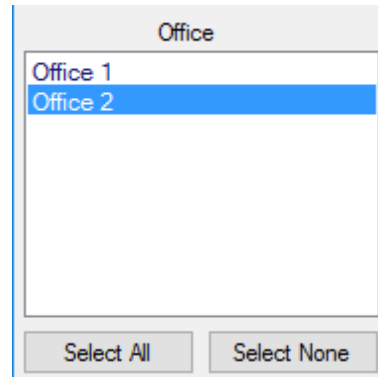


- iii. If your user has the “View the Audit Log” permission, they may open the log through the Tools menu on the main screen.



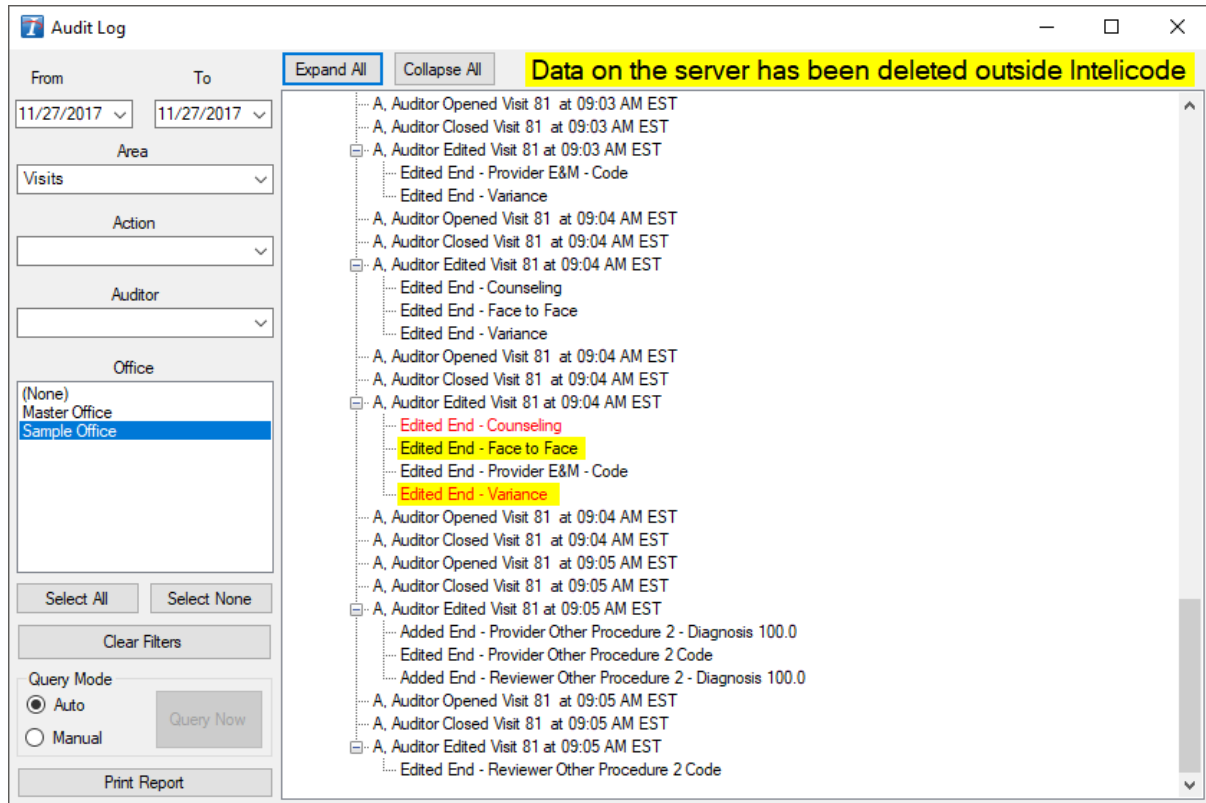
c. Viewing the Audit Log:

- i. The log is organized into different sections. For changes that occur within a specific office, such as creating or editing an audit, logs can be found under the section with that office's name. If the section does not appear, be sure the office name is selected in the Office list on the left panel of the Audit Log.



- ii. Higher-level changes are shown under sections that are less specific. For example, creating an office or changing an office name will show up under "Offices." Changes that happen to data that is not specific to any particular office will show up under headings such as Offices, Admin, User, and Login.
- iii. The Audit Log allows the user to filter by date range of when the change occurred and filter by office(s), actions, and more. This functionality should look and feel similar to that of Visit Summaries.
- iv. The audit log implements security measures to detect changes in the log data. Logs that have been deleted from the server will be highlighted in yellow. Logs that have been modified appear with red text. If either of these indicators appear, it is advised that the Administrator takes additional measures to find the source of a

possible breach. Intelicode does not assume responsibility for the security of the database.



d. What does Intelicode Log?:

- i. The following is a quick list of actions that Intelicode logs. The Audit Log is not limited to the listed items and may show logs for more than just what is listed in different circumstances.
- ii. Logs are added when a user performs the following actions:
 - Data Creation
 - Visits
 - Management Data
 - Reviewers

- Offices
- Data Deletion
 - Visits
 - Management Data
 - Reviewers
 - Offices
- Data Changes
 - Visits
 - Offices
 - Management Data
 - Reviewers
 - Administrative Settings
- Data Importing
 - Management Data
 - Offices
 - Reviewers
- Data Exporting
 - Management Data
 - Offices
 - Reviewers
- Data Merging

- Management Data
- Offices
- Visits
- Reviewers
- Data Viewing
 - Reports
 - Visits
- Data Transferring Between Offices
 - Visits
 - Management Data

iii. For ease of determining which audit the information is about, a new column is now visible in Visit Summaries. Visit ID is consistent within a single office and can be used to identify a visit. It is important to recognize that sending a visit to another office will result in a unique visit ID in that other office which can be used to determine which visit is which.

Note: Changing your date format in the Date & time section of the Windows Control Panel will break the checksum on the Audit Log as the dates will no longer match. This will make it appear as though the database has been tampered with. If the Audit Log is critical for your usage of Intelicode then it is recommended not to change the system date format.

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2.10 Need Help?

- **Troubleshooting:** Please see our support page at intelicode.com/support
- **Technical Support:** Call technical support at 1-800-786-4231. Our business hours are from 9 AM to 5 PM (Eastern), Monday through Friday excluding holidays and seasonal variations. Check our website for the most current information.

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3 Walkthrough

Now that Intelicode® has been successfully installed on your computer and is ready for use, you can follow these step-by-step instructions to complete an audit using Intelicode®. Each step not only gives you the required elements on each screen, but it also gives you important information for each screen.

3.1 Step 1: Patient Screen

This topic will show you a walkthrough of INTELICODE® as we go through an audit, step by step. Once you have opened your Intelicode® program and logged in as a user, you will see a blank **Patient** screen. Please note that the field names followed by an asterisk (*) are required fields.

Patient Screen

1. To begin an audit, in the **Patient ID*** field, you must enter a number, letter, symbol, or combination of earlier mentioned by which you can identify the patient (i.e. medical record number, account number, etc.). The Patient ID we have entered for our audit (see below) is "I67".
2. The **First Name** and **Last Name** fields can then be completed with the patient's name. Completion of the **First Name** and **Last Name** fields is not required to complete an audit. Any names entered in these fields will appear on reports exactly as they are entered here. The patient First Name and Last Name we have entered for our audit is "Betty" and "Beebe".
3. The **D.O.B.** (Date of Birth) field is only required for those services that are age-driven, such as "Preventive Medicine

Services". If a date of birth is entered, enter it in the MM/DD/YYYY format. You may also enter the date of birth by clicking on the drop down arrow and selecting the date from the calendar display. The patient D.O.B. we have entered for our audit (see below) is 07/27/1952.

4. Choose the **Patient Status*** to indicate if the patient is new or established. The Patient Status we entered for our audit (see below) is "Established".
5. Choose the patient's **Gender** to indicate if the patient is male or female. The patient Gender we entered for our audit (see below) is "Female".
6. Select the **Attending Provider** (physician performing the visit) for the encounter being audited. If the attending provider is not listed, select **Add New Provider** from the drop down list. See Attending Providers for help. The Attending Provider we entered for our audit (see below) is "Miller, John #9999".
7. Enter the **Visit Date** (the date of service) by entering the date in MM/DD/YYYY format, or by clicking on the drop down arrow and selecting the appropriate date from the calendar display.
8. Enter the **Requesting Provider** as necessary in relation to the services being provided. If the requesting provider is not listed, select **Add New Requester** to add the provider to the database. See Requesting Providers for help. We did not enter a Requesting Provider for our audit (see below) since the service type was "Office or Other Outpatient".
9. Select the appropriate **Service Type** (i.e. office visit, consult, etc.) for the encounter being audited. Next, select the

appropriate service **Sub Category** (i.e. initial visit, office consultations, initial hospital care, etc.). The Service Type we entered for our audit (see below) is "Office or Other Outpatient, and the service sub category we entered was "Established Patient".

Note: If the **Consultations** Service Type is selected, the **Consult Verification** questions must be answered and requirements met to continue with the audit, unless otherwise set in Preferences.

10. Select the **Payor** for the encounter being audited. If the payor is not listed, select **Add Payor** to add the payor to the database. See the Payors page for help.
11. Select the **Fee Schedule** for the encounter being audited. If the fee schedule is not listed, select **Add Fee Schedule** to add the fee schedule to the database. See the Fee Schedules page for help.
12. Choose whether the **RVU - Place of Service** was a "Non Facility" or a "Facility" by clicking on the appropriate selection.
13. Answer Service Questions as appropriate. In this example, the "History and/or Exam" tab has one question which must be answered Yes to meet requirements for a code higher than 99211.

Intelicode Enterprise - Sample Office

File Management Visits User/Connection Office Coding Resources Tools Help Provided Update Available What's New In Intelicode?

Patient History Exam Decision End 99211 Modifiers

Pending Audits

Visit Information

* Patient ID: 167 Last Name: Beebe First Name: Betty D.O.B.: 07/27/1957

* Patient Status: ☐ New ☒ Established

* Patient Gender: ☐ Male ☒ Female ☐ Other ☐ Unknown

Attending Provider: Miller, John #9999 * Visit Date: Monday, December 2, 2024

Requesting Provider: * Reviewer: Auditor, A #100

Service Type

- Office or Other Outpatient
- Hospital Inpatient and Observation Care Services
- Consultations
- Emergency Department Services
- Critical Care Services
- Nursing Facility Services
- Home or Residence Services
- Prolonged Services w/o Face-to-Face
- Case Management Services
- Care Plan Oversight Services
- Preventive Medicine Services
- Non-Face-to-Face Physician Services
- Special E&M Services
- Newborn Care Services
- Delivery/Birthing Room Attendance and Resuscitation Services
- Preventive Split Visit
- Teaching Physician
- Split/Shared Visit

Re-Audits

Assign Points

Payor: RVU - Place of Service: ☒ Non Facility ☐ Facility

Fee Schedule: Documentation

[Y] Incident To [Interactive Complexity] Pelvic Exam Telehealth [Not Met] Complex Office or Other Outpatient [Met] History and/or Exam Prolonged Services CPT/CMS

1. Was a medically appropriate history and/or examination documented? ☒ Y ☐ N

Font: Microsoft Sans Size: 8.25 Color: ■

Note Macros Audit Date: 12/2/2024 Revised Date: 12/2/2024

Office or Other Outpatient Services - 99202 - 99215 - These codes are used to report evaluation and management services provided in the physician's office or in an outpatient or ambulatory facility. A patient is considered an outpatient until inpatient admission to a health care facility occurs.

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3.2 Step 2: History Screen

History Screen

1. Begin the **History** screen by indicating the presence of a **Chief Complaint** by checking the box if needed.
2. Select a **Chief Complaint** from the dropdown list to the right or type it in if the desired text is not available in the list.
3. Select the number of Chronic Diseases from the dropdown list just below the Chief Complaint line.
4. To enter the documented **History of Present Illness (HPI)** elements for the encounter you are auditing, simply click

the appropriate "HPI" elements and the respective check box will be checked. We entered 1 for "Location", "Severity", "Duration", "Timing", and "Modifying Factors" for our audit (see below). Also, notice the level of HPI displayed in red font in the upper right corner of the HPI section. We entered five elements giving us an **Extended** HPI.

5. To enter the documented **Review of Systems (ROS)** elements for the encounter you are auditing, simply click the appropriate "ROS" elements and the respective check box will be checked. We checked off "Constitutional Symptoms" and "Integumentary" for our audit (see below). Also notice the level of ROS displayed in the upper right corner of the ROS section. We entered two ROS elements giving us an **Extended ROS**.
6. To enter the documented **Past, Family, and Social History (PFSH)** elements for the encounter you are auditing, simply click the appropriate "PFSH" elements and the respective check box will be checked. We have not checked off any PFSH elements; therefore, we do not have a PFSH level.
7. As we check the various History elements on this screen, Intelicode® is calculating the level of History. The level of History is displayed at the top of the screen. The history elements we entered for our audit produced an **Expanded** History Level as seen in the example image below.

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3.3 Step 3: Exam Screen

Exam Screen

1. Select the **Exam Type** (General Multi-System (97), Cardiovascular Exam, Eye Exam, etc.) from the column on the left side of the screen.
2. For a **1997 Exam**, the exam system areas are now displayed in a second column just to the right.
 - a. To select the documented examination elements, click on the appropriate body areas/organ systems to check the check boxes.

- b. Once the appropriate check boxes have been selected, the corresponding examination elements will appear on the right side of the screen.
 - c. Select the desired individual examination elements by clicking on the element listed on the right side of the screen. Once the element has been selected, the font will change to maroon.
 - d. To unselect an element, simply click it again and the font will return to black.
3. For a **1995 Exam**, once the desired 1995 examination is selected in the column on the left side of the screen, the examination body areas/organ systems elements will appear on the right side of the screen. There are also limited, extended, and complete examinations in the 95 Exams.
 - a. These examinations are left up to you, the User, and/or your team to decide as to when and how they should be used.
 - b. To select the desired individual examination elements, click on the element listed on the right side of the screen. Once the element has been selected, the font will change to maroon.
4. We chose the 1997 General Multi-System Examination and then selected "Constitutional" for our audit (see image below).
5. Within "Constitutional", we selected "Measurement of any three vital signs" and "General appearance of patient".
6. We also selected under "Respiratory", "Auscultation of lungs" and under "Cardiovascular", "Auscultation of heart with notation of abnormal sounds and murmurs".

7. Lastly, we chose "Skin" with the individual elements being "Inspection of skin and subcutaneous tissue" and "Palpation of skin and subcutaneous tissue".
8. So, we selected a total of six examination elements. As we select the various examination elements on the **Exam**, Intelicode® is calculating the **Level of Examination**. The **Level of Examination** is displayed at the top of the screen. The Examination elements we have entered for our audit have produced an **Expanded (97) Examination** as seen in the example image below.

Intelicode Enterprise - Sample Office

File Management Visits User/Connection Office CMS Guidelines Tools Help

Patient History **Exam** Decision End

Expanded (97) 99211 Modifiers

General Multi System Exam (97) ☒ Constitutional
☐ Eyes
☐ Ears, Nose, Mouth, and Throat
☐ Neck
☒ Respiratory
☒ Cardiovascular
☐ Chest (Breast)
☐ Gastrointestinal (Abdomen)
☐ Genitourinary (M)
☐ Genitourinary (F)
☐ Lymphatic
☐ Musculoskeletal
☒ Skin
☐ Neurologic
☐ Psychiatric

Cardiovascular Exam (97)
 Ear, Nose and Throat Exam (97)
 Eye Exam (97)
 Genitourinary Exam (97)
 Hemato/Lymph/Immun. Exam (97)
 Musculoskeletal Exam (97)
 Neurological Exam (97)
 Psychiatric Exam (97)
 Respiratory Exam (97)
 Skin Exam (97)
 Body Areas/Organ Systems (95)
 General Body Areas (95)
 General Organ Systems (95)

Constitutional - Measurement of any three vital signs
 Constitutional - General appearance of patient
 Respiratory - Assessment of respiratory effort
 Respiratory - Percussion of chest
 Respiratory - Palpitation of chest
 Respiratory - Auscultation of lungs
 Cardiovascular - Palpation of heart
 Cardiovascular - Auscultation of heart with notation of abnormal sounds and murmurs
 Cardiovascular - Examination of carotid arteries
 Cardiovascular - Examination of abdominal aorta
 Cardiovascular - Examination of femoral arteries
 Cardiovascular - Examination of pedal pulses
 Cardiovascular - Examination of extremities for edema and/or varicosities
 Skin - Inspection of skin and subcutaneous tissue
 Skin - Palpation of skin and subcutaneous tissue

Font: Microsoft Sans
 Size: 8.25 Color: ■

Note Macros... Audit Date: 7/23/2019
 Revised Date: 7/23/2019

Legibility (I) - Some portions of this entire note includes documentation where legibility is at least questionable or extremely poor.
 Legibility (R) - General Principles of Medical Record Documentation include: "The medical record should be complete and legible." A good definition of "legibility" is that it must be legible to someone outside the practice or facility. Dictation should be considered to improve legibility and reduce potential claims issues and risk to the practice or facility for any provider with poor penmanship.

General Multi System Exam (97): 1) FOCUSED: 1-5 elements selected 2) EXPANDED: At least 6 elements selected 3) DETAILED: At least 2 elements selected from each of 6 System/Body Areas OR at least 12 elements selected in 2 or more System/Body Areas 4) COMPREHENSIVE: Perform all elements in at least 9 System/Body Areas and select at least 2 elements from each of 9 System/Body Areas

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3.4 Step 4: Decision Screen

Marshfield Decision Screen

The **Marshfield Decision** screen is used for visits prior to 2021 and services other than Office or Other Outpatient. The **Marshfield Decision** screen is divided into three tabs: **Diagnosis/Management Options**, **Amount/Complexity of Data**, and **Risk**.

I. Diagnosis/Management Options

- a. This tab displays the **Number of Diagnosis or Management Options** section of the **Document Guidelines** (both 1995 and 1997).
- b. Each statement is preceded by a blank box with a drop down arrow.
- c. Choose the appropriate number(s) for the encounter being audited by clicking the drop down arrow next to the desired statement and selecting the number of applicable diagnoses.
- d. For our audit (see image below), we entered "I Self - limited or minor problem."

Intellicode Enterprise - Sample Office

File Management Visits User/Connection Office CMS Guidelines Tools Help

Patient History Exam **Decision** End Low Complexity 99213 Modifiers

Diagnosis/Management Options Amount/Complexity of Data Risk Minimal

Number of Diagnosis Or Management Options

☒ Self - limited or minor problem(s)

☐ Established diagnosis - improved, well controlled, resolving, or resolved

☐ Established diagnosis - inadequately controlled, worsening, or failing to change as expected

☐ New Problem - No additional work up planned

☐ New Problem - Additional work up planned

Font: Microsoft Sans
Size: 8.25 Color: black

Note Macros...

Audit Date: 7/23/2019
Revised Date: 7/23/2019

Legibility (I) - Some portions or this entire note includes documentation where legibility is at least questionable or extremely poor.

Legibility (R) - General Principles of Medical Record Documentation include: "The medical record should be complete and legible." A good definition of "legibility" is that it must be legible to someone outside the practice or facility. Dictation should be considered to improve legibility and reduce potential claims issues and risk to the practice or facility for any provider with poor penmanship.

2. Amount/Complexity of Data

- a. This tab displays the **Amount and Complexity of Data Options** section of the **Document Guidelines** (both 1995 and 1997).
- b. Each statement is preceded by a checkbox
- c. To choose the appropriate statement(s) for the encounter being audited, simply click on the text or the check box itself to select it.
- d. To unselect a statement, simply click on the text or check box again and the check will disappear.
- e. For our audit (see image below), we checked the box for "Review and/or order of tests in CPT radiology section...(CPT codes in the 70000 series)" and "Review and/or order of tests in CPT medicine section...(CPT codes in the 90000 series).

Intelicore Enterprise - Sample Office

File Management Visits User/Connection Office CMS Guidelines Tools Help

Patient History Exam **Decision** End

Low Complexity 99213 Modifiers

Diagnosis/Management Options Amount/Complexity of Data Risk Limited

Amount/Complexity of Data

- ☐ Review and/or order of clinical lab tests (CPT codes in the 80000 series)
- ☒ Review and/or order of tests in CPT radiology section (nuclear medicine and all imaging except echocardiography and cardiac cath) (CPT Codes in the 70000 series)
- ☒ Review and/or order of tests in CPT medicine section (EEG, EKG, echocardiography, cardiac cath, non-invasive vascular studies, pulmonary function studies) (CPT codes in the 90000 series)
- ☐ Discussion of tests with performing physician
- ☐ Independent review of image, tracing or specimen
- ☐ Decision to obtain old records and/or obtain history from someone other than the patient
- ☐ Review and summarization of old records and/or obtaining history from someone other than patient

Font: Microsoft Sans
Size: 8.25 Color: ■

Note Macros... Audit Date: 7/23/2019
Revised Date: 7/23/2019

Legibility (I) - Some portions of this entire note includes documentation where legibility is at least questionable or extremely poor.
Legibility (R) - General Principles of Medical Record Documentation include: "The medical record should be complete and legible." A good definition of "legibility" is that it must be legible to someone outside the practice or facility. Dictation should be considered to improve legibility and reduce potential claims issues and risk to the practice or facility for any provider with poor penmanship.

Legibility (I)
Legibility (R)

3. Risk

- a. This tab is further divided into three sections representing the three columns of the **Risk** table: **Presenting Problem, Diagnostic Procedure(s) Ordered, and Management Option(s) Selected**
- b. Each section lists the elements as they appear on the **Risk** table from the **Documentation Guidelines** (both 1995 and 1997). Also included are any risk elements that were added to the **Risk Elements** tab on the **Management** screen.
- c. To select elements from each section, simply click on the risk statement itself. The text for the selected elements will turn maroon.
- d. To unselect any element, simply click on it again and it will return to a black text.

- e. Intelicode will calculate the highest level of risk from all three of the **Risk** sections.
- f. For our audit (see images below), in the **Presenting Problem** section, we choose the "Acute uncomplicated illness or injury" option.

Intelicode will calculate the level of **Medical Decision Making (MDM)** by compiling the information from all of the tabs on the **Decision** screen. The level of overall MDM will be displayed at the top of the screen as shown in the example image below. The Decision elements we have entered for our audit produce a "Low Complexity" MDM.

The screenshot shows the Intelicode Enterprise - Sample Office interface. The top menu bar includes File, Management, Visits, User/Connection, Office, CMS Guidelines, Tools, and Help. The main window has tabs for Patient, History, Exam, Decision, and End. The Decision tab is active, showing a table with columns for Diagnosis/Management Options, Amount/Complexity of Data, and Risk. The table has four rows: Minimal, Low, Moderate, and High. The Low row is selected, showing a list of conditions including 'Acute Uncomplicated Illness or Injury'. The Risk column shows 'Low Complexity' and 'High' risk levels. The bottom of the screen includes a footer with legal disclaimers and audit dates.

AMA Decision Screen

The **AMA Decision** screen was added in 2021 for use in Office and Other Outpatient visits.

I. Number and Complexity of Problems Addressed

- Items in this category are similar to the Presenting Problems section in the 1995-1997 CMS Table of Risk.
- Choose the appropriate number(s) for the encounter being audited by clicking the drop down arrow next to the problem type and selecting the number.
- For our audit (see image below), we entered 1 Self-limited or minor problem, 1 Undiagnosed new problem with uncertain prognosis, and 1 Acute or chronic illness or injury that poses a threat to life or bodily function.

Intellicode Enterprise 18.0.0.0 - x86 - Sample Office

File Management Visits User/Connection Office CMS Guidelines Tools Help

Patient History Exam **Decision** End

Low Complexity (AMA) 99213

Number and Complexity of Problems Addressed Amount and/or Complexity of Data Risk High

Number and Complexity of Problems Addressed

1	Self-limited or minor problem(s)
	Stable chronic illness(es)
	Acute, uncomplicated illness(es) or injury(ies)
	Stable, acute illness(es)
	Acute, uncomplicated illness(es) or injury(ies) requiring hospital inpatient or observation level of care
	Chronic illness(es) with exacerbation, progression, or side effects of treatment
1	Undiagnosed new problem(s) with uncertain prognosis
	Acute illness(es) with systemic symptoms
	Acute complicated injury(ies)
	Chronic illness(es) with severe exacerbation, progression, or side effects of treatment
1	Acute or chronic illness(es) or injury(ies) that pose(s) a threat to life or bodily function
	Multiple morbidities requiring intensive management (Only applies to Initial Nursing Facility Services 99304-99306)

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Size: 8.25 Color: ■

Note Macros Audit Date: 11/23/2022
Revised Date: 11/23/2022

Legibility (I) - Some portions or this entire note includes documentation where legibility is at least questionable or extremely poor.
Legibility (R) - General Principles of Medical Record Documentation include: "The medical record should be complete and legible." A good definition of "legibility" is that it must be legible to someone outside the practice or facility. Dictation should be considered to improve legibility and reduce potential claims issues and risk to the practice or facility for any provider with poor penmanship.

Click the Decision button to show or hide the decision type options.

2. Amount and/or Complexity of Data to be Reviewed and Analyzed

- The amount and/or complexity of data to be reviewed and analyzed. This data includes medical records, tests, and/or other information that must be obtained, ordered, reviewed, and analyzed for the encounter.

- b. Elements are selected by clicking the drop down and selecting a number or by clicking the check boxes.
- c. For our audit (see image below), we entered 2 for Unique test results reviewed.

Intellicode Enterprise 18.0.0.0 - x86 - Sample Office

File Management Visits User/Connection Office CMS Guidelines Tools Help

Patient History Exam Decision End Low Complexity (AMA) 99213

Number and Complexity of Problems Addressed Amount and/or Complexity of Data Risk Limited

Amount and/or Complexity of Data to be Reviewed and Analyzed

Number and Complexity of Problems Addressed	Amount and/or Complexity of Data	Risk	Limited
	Prior external note source(s) reviewed		
2	Unique test result(s) reviewed		
	Unique test(s) ordered		
	Assessment requiring an independent historian		
	Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported)		
	Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)		

Font: Microsoft Sans
Size: 8.25 Color: black

Note Macros

Audit Date: 11/28/2022
Revised Date: 11/28/2022

Legibility (I) - Some portions of this entire note includes documentation where legibility is at least questionable or extremely poor.
Legibility (R) - General Principles of Medical Record Documentation include: "The medical record should be complete and legible." A good definition of "legibility" is that it must be legible to someone outside the practice or facility. Dictation should be considered to improve legibility and reduce potential claims issues and risk to the practice or facility for any provider with poor penmanship.

Click the Decision button to show or hide the decision type options.

3. Risk of Complications and/or Morbidity or Mortality of Patient Management

- a. The risk of complications, morbidity, and/or mortality of patient management decisions made at the visit, associated with the patient's problem(s), the diagnostic procedure(s), treatment (s). This includes the possible management options selected and those considered, but not selected, after shared medical decision making with the patient and/or family.
- b. Risk elements that are not listed here can be added through the Risk Elements tab in the Management screen using the AMA risk element type.

- c. To select elements, simply click on the risk statement itself. The text for the selected elements will turn maroon.
- d. To unselect any element, simply click on it again and it will return to a black text.
- e. For our audit (see images below) we did not select any risk elements.

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3.5 Step 5: End Screen

End Screen

The **End** screen displays a cumulative total of all information entered up to this point in the audit. It is advisable to check the

information entered thus far to ensure accuracy.

- I. The **Visit Information** section displays a summary of the information entered on the previous screens.
2. The **Comparison** section is where you can enter time and view the **Reviewer E & M** (audited code) and the **Provider E & M** (code billed by the provider). It also displays the **Fee Schedule** (if any) used and the total difference in dollars and RVUs and the level of variance from the audited code.
 - i. The **Time section** is used to include time documented for an encounter. Some codes may require counseling time in addition to the service's time (Face-to-Face, Non-Face-to-Face, or Total Time) in order to use time to determine the code. Psychotherapy Face-to-Face and Clinical Staff Face-to-Face are used to achieve add-on codes.
 - a. For some codes, generally those noting a typical time, the code may be met using time if counseling and/or coordination of care dominates the service.
 - b. Click on the text box and type the appropriate time for each field.
 - c. We did not enter a **Face to Face** time or a **Counseling** time (see image below).
 - ii. To select the **Provider E & M**, simply scroll down the list of **E & M Codes** provided and click on the code billed by the provider being audited.
 - iii. Intellicode® will then do a comparison between the **Reviewer E & M** and the **Provider E & M** to produce a difference (if

any) in the dollar amounts billed and the variance level.

iv. We chose the **Provider E & M** of 99214 for our audit (see image below).

v. The encounter had a **Variance** of "I"

3. The **Note Macros** field gives the reviewer the ability to document specific information about an audit, encounter, documentation issue, etc.

i. **Note Macros** can be developed (see Note Macros for help) to insert in the **Note Macros** field or the reviewer may type their own text into the **Notes** field as desired.

ii. The **Note Macro(s)** will show in both the handwritten **Notes** (left side) and in the **Note Macros** (right side). This allows you to edit the **Note Macros** if necessary.

iii. The handwritten (left) side will be shown on the Encounter Detail Report automatically as well as the Audit Summary and Custom Provider Accuracy Reports if the option **With Notes** is selected from the **Report Options**.

iv. The **Note Macros** (right) side will only show on the Issues and Recommendations Report. This is to maintain integrity of the **Note Macros**.

v. This aspect of Intelicode provides the reviewer with the ability to enhance their audit reporting without a lot of additional work.

vi. For our audit (see image below), we inserted a Note Macro we developed called "Legibility". We developed an Issue

macro and a Recommendation macro.

vii. The **Issues** macro explains what the documentation issue is and the **Recommendation** macro gives the recommended steps to improve that issue.

4. The **Medical Necessity** questions allow the user to override the Reviewer E & M by setting the **Medical Decision Making Level** as the key component in determining the level of service.

- i. The first question determines whether or not you want to override the Reviewer E & M.
- ii. If you answer the first question "N", the second question becomes available.
- iii. The second question asks if you want to manually override the Reviewer E & M.
- iv. If you answer "Yes", you are given a list from which you can select the desired code. The third question is not necessary.
- v. If you answer "No" to the second question, the third question becomes available.
- vi. The third question asks if you want to base the Reviewer E & M on the MDM.
- vii. If you answer "Yes" to the third question, the Reviewer E & M changes accordingly.
- viii. If you answer "No" to the third question, no change is made to the data.
- ix. If either the second or third question is "Yes", the program

will place a "-DC" modifier with your audit identifying that the code has been determined by the **Medical Decision Making Level** of service.

5. **Diagnosis Codes/Procedure Codes**

- i. The **Same as Provider** button for Procedures and the **Same** button for Diagnosis will set the Procedures and/or the Diagnosis equal between Provider and Reviewer.
- ii. Any modifiers that need to be added can be done with the drop down arrows on the right side of each Procedure Code.
- iii. When a modifier is added, it appears below next to a blue oval.
- iv. To delete a modifier, click on the blue oval. These are the same steps to take to add and remove a diagnosis as well.

6. **Prefer Time**

- i. The Prefer Time button should be selected to prefer a time-based code when counseling time dominates the encounter. If this is not selected, a higher code may be met based on History, Exam, and Decision levels.
- ii. This can be enabled by default from the Preferences menu.

7. **Require MDM**

- i. The Require MDM button should be selected when your practice requires that one of the two components needed must be MDM.
- ii. This can be enabled by default from the Preferences menu.

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3.6 Step 6: Finish

Finish

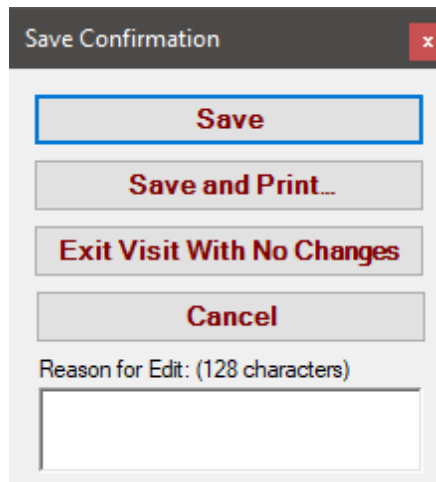
Congratulations! You have completed your first Intellicode[®] audit. Now you need to save your work.

1. Upon clicking the **Finish** button, the **Save Confirmation** screen will appear. Here you will select how you wish to handle your information.
2. When you select **Save**, the encounter audit will be saved in the database and no reports will be printed at this time.

3. When you select **Save and Print**, the encounter audit will be saved in the database and a **Report Options** window will appear from which you can print, view or export an **Encounter Detail Report**. If you do not have Microsoft Word installed on your machine, the **Send To Word**, **Send to PDF**, and **Email Report** options are disabled. If you do not have Microsoft Excel installed on your machine, the **Send To Excel** option is disabled.
4. When you select **Exit Visit With No Changes**, all data entered for this encounter will be lost and nothing will be printed. The user will be returned to a blank **Patient** screen upon selecting this option. This feature allows the user to audit an encounter for practice—or for whatever other reason—without saving the information to the database.

Note: This is only applicable when the visit was not created before, if the visit was created before and no changes were made, nothing will be lost. If changes were made, please **Save**.

5. When you select **Cancel**, the **Save Confirmation** window disappears and the user is returned to the **End** screen with all the data that was entered intact. Keep in mind that at this point, your data for this encounter has not yet been saved. If you should exit out of the program at this point your data for this encounter will be lost. Be sure to save your data before exiting the program. (If you do attempt to exit without saving the visit, Intelicode will prompt you with an opportunity to save the visit before exiting.)



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3.7 Step 7: Reports

Generating and Printing Reports

Generating reports could arguably be the most valuable feature of Intelicode[®]. Step 6 showed you how you can print an Encounter Detail Report at the end of the audit.

Intelicode[®] does so much more in the way of reporting. See the Report Options or Management Reports help pages for details on how to get the most out of Intelicode's reporting capabilities.

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4 Navigation

Learn how to navigate through Intelicode®. Find out what the wording on each screen means, how to enter data into each field, and great tips on how to optimize each screen. Click on the section that you would like more information on.

4.1 Patient Screen

This page describes the various elements of the **Patient Screen**.

1. **Patient ID:** This field is required to generate an audit. The Patient ID can be the patient's medical record number or any other unique number, letter, symbol, or any combination by which the auditor could identify the encounter being audited.
2. **First/Last Name:** Patient names are optional fields and are not required to generate an audit.
3. **D.O.B.:**
 - a. This field is only required to generate an audit if the services are those that are dependent upon the age of the patient (e.g. preventive services).
 - b. You can select the Date of Birth from a calendar by clicking on the arrow on the right side of the text box, or you can type it in.
4. **Patient Status:**
 - a. This is the status of the patient during the encounter being audited.

- b. Intelicode® will load all patients as new patients the first time they are entered into the software and will subsequently default existing patients (those already loaded into the software) as established patients for any additional encounters audited.
 - c. This should be changed, if necessary for the encounter being audited.
- 5. **Patient Gender:** The gender of the patient can be selected by clicking on the circle next to the gender heading or by clicking on the appropriate text itself.
- 6. **Attending Provider:**
 - a. This is the provider who rendered service for the encounter being audited.
 - b. Attending Providers can be added all at one time on the Attending Providers screen or, they can be added "as needed" by clicking on the drop down arrow for the **Attending Provider** field.
 - c. Next, click on the **New Attending Provider** option. The **Attending Providers** screen will appear.
 - d. You may also access the **Attending Providers** screen by clicking on the **Management** menu at the very top of your screen and then selecting **Attending Provider**.
- 7. **Visit Date:**
 - a. Enter the date of service for the encounter being audited.
 - b. This can be done by clicking on the **Month, Day,**

or **Year** with your mouse cursor and changing the value.

- c. You can also click the drop down arrow to the right of the date which will display a calendar.

8. **Requesting Provider:**

- a. This is the provider who sent the patient to the attending provider--the requester of service for the encounter being audited.
- b. Requesting Providers can be added all at one time on the Requesting Providers screen or, they can be added "as needed" by clicking on the text box for the **Requesting Provider** field.
- c. Next, click on the **New Requesting Provider** option. The **Requesting Providers** screen will appear.
- d. You may also access the **Requesting Providers** screen by clicking on the **Management** menu at the very top of your screen and then selecting **Requesting Provider**.

9. **Reviewer:**

- a. A Reviewer is required for each visit. The **Reviewer** is the individual performing the audit.
- b. Each individual performing audits should be assigned an individual **User ID** to maintain the most accurate audit data. In a new visit, the current reviewer is the **Reviewer** by default.
- c. If you wish to change the Reviewer, click on the text box for the **Reviewer** field and select the appropriate Reviewer.

10. **Payor:**

- a. The **Payor** is the entity responsible for payment.
- b. To choose a payor, click on the text box for the **Payor** field and select the appropriate payor.
- c. If the payor that you are looking for is not on the list, you will need to add the payor to the **Payor** table. You can do this by clicking on the text box for the **Payor** field and selecting **New Payor**. The **Payors** screen will appear where you can add a new payor.
- d. See the Payors Help page for assistance with adding a payor.

11. **Fee Schedule:**

- a. The **Fee Schedule** is a table that shows and determines what the charge is for each CPT code.
- b. To choose a fee schedule, click on the text box for the **Fee Schedule** field and select the appropriate fee schedule.
- c. If the fee schedule that you are looking for is not on the list, you will need to add a new fee schedule to the **Fee Schedule** table. You can do this by clicking on the text box for the **Fee Schedule** field and selecting **Add New Fee Schedule**. The **Fee Schedule** screen will appear where you can add a new fee schedule.
- d. See the Fee Schedules Help page for assistance with adding a fee schedule.

12. **RVU-Place of Service:**

- a. The **RVU-Place of Service** field shows whether or not the service was provided at a Facility or Non Facility.
- b. The default selection is based on the office's settings. If you wish to change it, simply do so by clicking on the text for **Non Facility** or **Facility** as appropriate.

13. **Service Type and/or SubService Type:**

- a. Select the appropriate Service Type for the encounter being audited, based on the documentation. If the selected service type has a '+' next to it, click to expand the list. Select the most specific service type available.

14. **Teaching Physician:**

- a. This field will be accessible only in Intelicode P.A.T.H. to indicate whether a service is a teaching visit or not.
- b. If the service being audited is a "teaching visit", click the text or the check box for the **Teaching Physician** field to add the **Teaching Physician** tab to the section just below and activate the Teaching Guidelines.
- c. The **Teaching Physician** tab displays a field for the **Resident's** name followed by a series of questions to determine if the encounter being audited meets the **Teaching Physician Guidelines** as issued by CMS.
- d. The **Resident** field operates like the "Attending Provider" and "Requesting Provider" fields.
- e. Simply click the drop down arrow in the field and choose the **New Resident** option. The **Residents**

Management screen will appear. Fill in the necessary information, then click the **Save** and **Close** buttons.

- f. See the Residents Help page for assistance with adding a resident.
- g. The questions are answered by choosing the appropriate **Y** or **N** answer to each question.
- h. Once you have started answering the questions you will see either a GC modifier which stands for “Guidelines Complete” or a GE modifier which stands for “Guidelines Exception”. All questions along with the modifier will show on reports if you have that column selected. For more information see [Reports](#).
- i. An asterisk (*) will be displayed when the **Teaching Guidelines** have not been met.

Note: Teaching visits with modifiers (*, **GC**, and **GE**) will be displayed in the **Teaching Physician (TP)** field on the **Visit Summaries** screen.

15. **Preventive Split Visit:**

- a. This feature is only accessible when the **Preventive Medicine Services** service type is selected.
- b. To audit a preventive split visit, click on the **Preventive Split Visit** text or checkbox. A **Split Visit** tab will appear in the box below with two questions to answer.
- c. Upon saving the visit, you will be immediately directed to the patient screen where you can audit the second portion of the

split visit.

16. **Split/Shared Visit:**

- a. This feature is accessible for service types other than Consultations.
- b. Upon checking the Split/Shared Visit box, a new tab Split/Shared tab will appear below.
- c. The Split/Shared tab allows selection of an additional provider and includes questions to verify whether CMS Split/Shared rules are being followed.
- d. If the Split/Shared requirements are met, the FS modifier will be automatically added to the Reviewer E/M code.

17. **Incident To:** To answer questions regarding the "Incident To Requirements", see the **Incident To (IT)** tab toward the bottom of the screen.

18. **Audit Date:** This is the date that the audit took place. It is filled in automatically.

19. **Revised Date:** This is the last date that this audit was revised. It is also populated automatically.

20. **Notes & Note Macros:**

- a. The left side text box (**Notes**) allows the user to add his/her own comments (free text) about the encounter, or the documentation, etc. for future reference or educational opportunities.
- b. To change the appearance of your notes or to check your

spelling, use the buttons available just above the **Notes** text box. It is recommended that only text be put into this box. Please do not put in tables or images in the **Notes** field. Font selections will be automatically saved and used for new visits.

- c. The **Note Macros** button allows the reviewer to store specific notes for repetitive use in future audits. Using **Note Macros** can save the reviewer the time and effort of typing the same exact information over and over.
- d. When you add a **Note Macro** it will add it to both the Notes and Note Macros sides. This will ensure the integrity of the original Note Macro on the right side and still allow you to make notes with the Macro on the left side.
- e. For additional instructions on how to use the **Note Macros** section (which is available from many screens), see the Note Macros help page.

20. **Audit Prep:**

- a. If you want to "pre-enter" information to prepare for an upcoming audit, click on the **Audit Prep** button in the **Pending Audits** section toward the upper-left portion of the **Patient** screen.
- b. Fill in the desired information.
- c. Click **Save** to save the audit prep data. The **Pending Audits** box will show the audit prep data saved by Patient ID.
- d. Click **Cancel** to close the **Audit Prep** screen without saving any information.

- e. If you wish to import your audit prep data from a CSV (Comma Separated Values) file, click on the **Import** button and browse to the file, select the file, and click **Open**.
- f. If you have questions about importing an Audit Prep, see Importing Audit Prep help page.

The screenshot shows the 'Audit Prep' application window. It contains several sections for data entry:

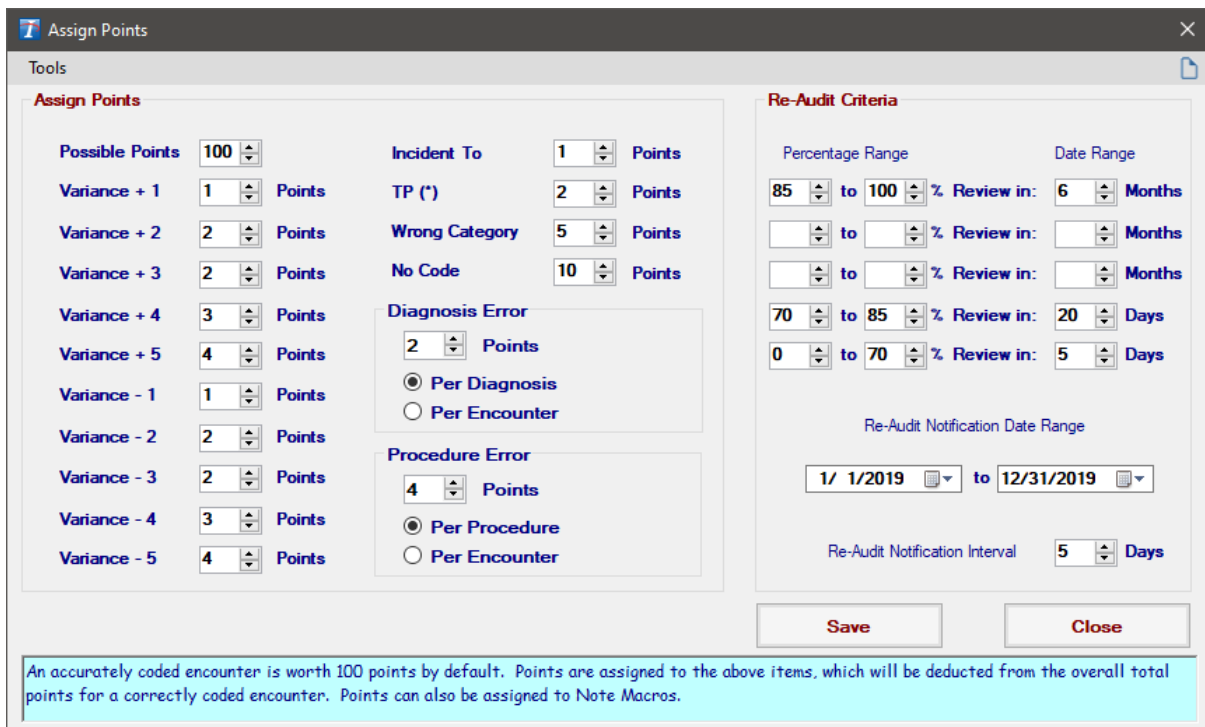
- Patient Information:** Fields for Patient ID, Last Name, First Name, and D.O.B. Below these are radio buttons for Patient Status (New, Established) and Patient Gender (Male, Female, Other, Unknown).
- Provider Information:** Fields for Attending Provider, Requesting Provider, and Visit Date (set to Wednesday, July 24, 2019).
- Payor and RVU Information:** Fields for Payor, Fee Schedule, and RVU - Place of Service (Non Facility, Facility).
- Additional Codes:** Fields for Provider Code, Modifier, Add On, and Provider Additional Code 1, each with a 'Dx' button.
- Formatting and Tools:** A toolbar with text formatting options (B, I, U, ABC, etc.) and a 'Note Macros...' button.
- Footer:** Font settings (Microsoft Sans Serif, Size: 8.25, Color: black) and an 'Attached Document:' field.
- Buttons:** 'Documentation...', 'Save', and 'Close' buttons at the bottom right.

21. Assign Points:

- a. To Assign Points and to set Re-Audit Criteria, click on the Assign Points button in the Re-Audits section.
- b. On the left side of the screen, enter the number of possible points per encounter and the number of points to be deducted for each item.
- c. Then enter the Re-Audit Criteria by clicking on the

appropriate dropdown arrows to select the percentage or click on the textbox itself and type in the percentage.

- d. To select the dates between which you would run re-audit notification for, click on the dropdown arrows just below the Re-Audit Notification Date Range heading to select the dates from the calendar, or you can also type the dates in.
- e. You can determine how often you would like the re-audit notification to occur. Click on the dropdown arrow just to the right of the Re-Audit Notification Interval heading to select the number of days or click on the textbox itself and type in the number.
- f. You can copy these settings from another office or send them to other offices using the Tools menu.



Assign Points

Possible Points: 100

Variance + 1: 1 Points

Variance + 2: 2 Points

Variance + 3: 2 Points

Variance + 4: 3 Points

Variance + 5: 4 Points

Variance - 1: 1 Points

Variance - 2: 2 Points

Variance - 3: 2 Points

Variance - 4: 3 Points

Variance - 5: 4 Points

Incident To: 1 Points

TP (*): 2 Points

Wrong Category: 5 Points

No Code: 10 Points

Diagnosis Error: 2 Points

☒ Per Diagnosis

☐ Per Encounter

Procedure Error: 4 Points

☒ Per Procedure

☐ Per Encounter

Re-Audit Criteria

Percentage Range: 85 to 100 %

Date Range: Review in: 6 Months

70 to 85 % Review in: 20 Days

0 to 70 % Review in: 5 Days

Re-Audit Notification Date Range: 1/ 1/2019 to 12/31/2019

Re-Audit Notification Interval: 5 Days

Save Close

An accurately coded encounter is worth 100 points by default. Points are assigned to the above items, which will be deducted from the overall total points for a correctly coded encounter. Points can also be assigned to Note Macros.

22. **Provided Database Update Notification:**

- a. When update notifications are enabled, a red menu item will appear if a Provided Database update is available.
- b. Clicking this button will display a summary of changes.
- c. Users with a local SQL database will be able to update automatically, which will restart Intelicode afterward.

23. **What's New in Intelicode?:**

- a. When the **Show “What’s New In Intelicode?” Notification** option is enabled in preferences, this menu item will be shown after updating Intelicode.
- b. Clicking this will display information about recent Intelicode updates, including a link to an “Overview of Changes” document with additional details.
- c. This function is available at any time through the Help menu.

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4.2 History Screen

On this screen, you select the various History elements documented for the encounter being audited. Intelicode keeps track of the counting! As a helpful reference, when a mouse is positioned over a particular History element, a definition and/or explanation is given in the light blue help box across the bottom of the screen.

I. History unobtainable from any source:

- a. If additional history was not obtainable from any source, look toward the bottom of the page to where it says, **History unobtainable from any source**. Check the box by clicking

on the box or on the text itself. A small popup will appear in the middle of the screen.

- b.** In the text box, type in an explanation of the reason that the History was unobtainable.
- c.** Select the appropriate **History Level** by clicking on the appropriate text or the circle to the left of the text. Only one of these can be selected.

2. History of Present Illness (HPI):

- a.** If the Chief Complaint was documented, check the box to indicate this, then select the chief complaint by clicking on the white box to the right and then clicking on the appropriate item. If the chief complaint you are looking for is not available in the list, you can type it in.
- b.** Next, indicate the No. of Chronic Diseases/Status

Documented by clicking on the white box just to the left of this heading.

- c. Then, indicate the appropriate HPI items (i.e. Location, Quality, Severity, etc.) by entering the number of items. An item should only be counted once per complaint.
- d. The **Count Multiple HPI** check box is used when recording the same HPI element for different complaints in the same encounter. This is not allowed by all carriers.

3. Review of Systems (ROS):

- a. Check any (ROS) item that applies by clicking on the box or the text itself.

4. Past, Family, and Social History (PFSH):

- a. Check any PAST item that applies by clicking on the box or the text itself.
- b. Check any FAMILY item that applies by clicking on the box or the text itself.
- c. Check any SOCIAL item that applies by clicking on the box or the text itself.

5. **Notes** can also be added on this screen. See the two (2) white text boxes at the bottom of the page. For help regarding the Note Macros, See the Note Macros help page.

6. IPPE History:

- a. There is one Subservice that will give this particular History.

That is the G0402 Welcome to Medicare.

- b. If you have selected this Subservice, the History will look like it does below (see picture below).
- c. There are five (5) categories in this History: **History, Required Screening, End of Life Planning, Exam Components Required, and Education, Counseling, and Referrals.**
- d. There is only either a Comprehensive Level of History or no level of History.

Intelicore Enterprise - Sample Office

File Management Visits UserConnection Office CMS Guidelines Tools Help

Patient **History** Exam Decision End

History

Review Medical and Social History

☐ Past medical/surgical history ☐ History of alcohol, tobacco and illicit drug use

☐ Current medications and supplements ☐ Diet

☐ Family history ☐ Physical activities

☐ Opioid use

Review Potential Risk Factors for Depression

☐ Appropriate screening for depression and other mood disorders

Review Functional Ability and Level of Safety

☐ Hearing impairment ☐ Fall risk

☐ Activities of daily living ☐ Home safety

Examination

Examination

☐ Height, weight, and blood pressure ☐ Measurement of body mass index

☐ Visual acuity screen ☐ Other factors deemed appropriate

End-of-Life Planning

☐ End-of-life planning discussed - Information provided OR

☐ Patient declined end-of-life planning

Counseling

Education, Counseling and Referral

☐ Provided education, counseling, and referral as appropriate based on the previous 5 components ☐ Written plan provided to obtain appropriate screenings that Medicare covers and other preventive services including EKG/ECG

Font: Microsoft Sans Size: 8.25 Color: ■

Note Macros... Audit Date: 7/24/2019 Revised Date: 7/24/2019

Care Plan Oversight Services - 99374 - 99380. Care plan oversight services are reported separately from codes for office/outpatient, hospital, home, nursing facility or domiciliary, or non-face-to-face services. The complexity and approximate time of the care plan oversight services provided within a 30-day period determine code selection. Only one individual may report services for a given period of time, to reflect the sole or predominant supervisory role with a particular patient. These codes should not be reported for supervision of patients.

7. Annual Wellness Visit:

- a. There are two Subservices that will give this History type. They are the G0438 Annual Wellness Visit, Initial Visit & G0439 Annual Wellness Visit, Subsequent Visit. If you have selected either of these Subservices the History will look like it

does below (see picture below). There are four (4) categories in this History: History, Potential Risk Factors and Level of Safety, Assessment, and Counsel Beneficiary. There is only either a Comprehensive Level of History or no level of History.

Intellicode Enterprise - Sample Office

File Management Visits User/Connection Office CMS Guidelines Tools Help

Patient **History** Exam Decision End

History

Health Risk Assessment

☐ Demographic data ☐ Behavioral risks

☐ Self-assessment of health status ☐ Activities of Daily Living (ADLs)

☐ Psychosocial risks ☐ Instrumental ADLs

Establish Medical/Family History

☐ Past medical/surgical history ☐ Opioid use

☐ Family history

☐ Use of or exposure to medications and supplements

Review Potential Risk Factors for Depression

☐ Appropriate screening for depression and other mood disorders using standardized screening tests

Review Functional Ability and Level of Safety

☐ Hearing impairment ☐ Fall risk

☐ Ability to successfully perform ADLs ☐ Home safety

Assessment

Assessment

☐ Height, weight, body mass index (or waist circumference, if appropriate) and blood pressure

☐ Other routine measurements as deemed appropriate

Establish List of Providers and Suppliers

☐ List of current providers and suppliers

Detection of Cognitive Impairment

☐ Assess cognitive function

Counseling

Establish Written Screening Schedule

☐ Written age appropriate preventive screening schedule, based on history, and according to USPSTF and ACIP

Establish List of Risk Factors and Conditions

☐ List of risk factors and conditions for which interventions are recommended or underway

OR

☐ No risk factors or conditions identified

Furnish Personalized Health Advice and Referral

☐ Community-based lifestyle interventions

☐ Weight loss

☐ Physical activity

☐ Tobacco-use cessation

☐ Fall prevention

☐ Nutrition

☐ Cognition

☐ No health advice or referral necessary

(At least one element required)

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Note Macros... Audit Date: 7/24/2019
Revised Date: 7/24/2019

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4.3 Exam Screen

The **Exam** screen will display the exam elements relevant to the type of exam selected.

I. Exam Type:

- a. The **Exam Types** are displayed on the left side of the screen.

- b.** Select the **Exam Type** by clicking on the appropriate text.
The corresponding **Systems/Body Areas** will display in the second column, right next to the exam type.
- c.** You may audit any given encounter in multiple exam types, and Intelicode will save all of the utilized exam types and will tell you when you have not chosen the exam type displaying the highest level of service.
- d.** To audit an additional exam type after you have followed the steps below for the current exam type, repeat these steps after selecting a different Exam Type.

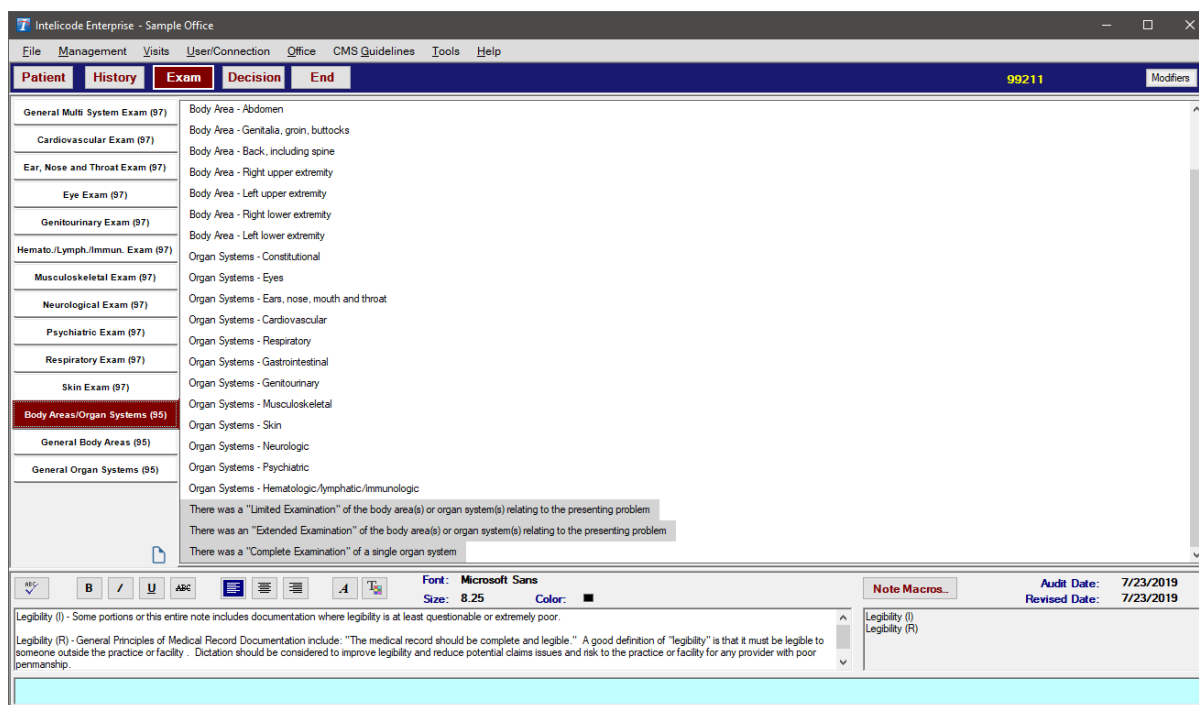
2. 1997 Exams:

- a.** The applicable **Systems/Body Areas** are displayed in the second column. To select a desired Systems/Body Area, click on the check box beside the System/Body Area name itself. The individual exam elements for the selected System/Body Area will be displayed on the right side of the screen.
- b.** To select individual elements, click on the element itself. The text will become bold and maroon in color.
- c.** Intelicode is keeping track of the selected elements and will update the **Exam Level**. If a level is applicable, it is shown in yellow at the top of the screen.

3. 1995 Exams:

- a. Upon clicking on a **1995 Exam Type**, the applicable **Body Areas** and **Organ Systems** will display on the right side of the screen.
- b. To select individual elements, click on the element itself. The text will become bold and maroon in color.
- c. There are exam elements in the **1995 exam** that are specifically designed to allow the auditor/reviewer to reflect examination as accurately as possible. These elements indicate a "Limited exam" or a "Detailed exam" relating to how the presenting problem was performed.
- d. The "**Limited Examination**" element will allow the auditor/reviewer to keep the level of exam at **Expanded** (when appropriate) when 2 to 7 **Body Areas** or **Organ Systems** elements are selected.

- e. The **"Extended Examination"** element will allow the auditor/reviewer to make the level of exam **Detailed**(when appropriate) when 2 to 7 **Body Areas** or **Organ Systems** elements are selected.
- f. The **"Complete Examination"** element will allow the auditor/reviewer to make the level of exam **Comprehensive** (when appropriate) when any **Organ Systems** elements are selected.



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4.4 Decision Screen

The Decision Screen is the final component of the three key elements required in documenting an E&M Service and is broken down into three sections. Choose any of the following topics to see what is required on each

tab under **Decision**.

4.4.1 Marshfield MDM

This section applies to the **Decision** screen when using Marshfield Medical Decision Making.

4.4.1.1 Diagnosis/Management

On the **Diagnosis** tab, you select the number of diagnoses or problems that are applicable to the encounter being audited.

1. Select the appropriate number from the drop down box for each option.
2. Intelicode keeps track of the counting! The level or counts for the **Diagnosis/Management Options** portion of the encounter elements selected will appear in maroon in the upper right corner of the screen.
3. When the mouse is positioned over a specific statement, the actual corresponding quotation from the **Documentation Guidelines** will appear in the light blue help box across the bottom of the page as an additional reference.

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4.4.1.2 Amount/Complexity of Data

Recording the **Amount/Complexity of Data** documented in a record being audited is easy.

1. Simply select those items that have been documented by clicking on the check box next to the statement or by clicking on the statement itself.
2. Select as many elements or statements as are relevant/supported by the encounter documentation.
3. To unselect an item, simply click the check box or statement again.

4. As an additional reference, when a mouse is positioned over a specific statement, the actual corresponding quotation from the **Documentation Guidelines** will appear in the light blue help box across the bottom of the page.
5. Intelicode is keeping track of your selections. The level or counts for the **Amount/Complexity of Data** portion of the encounter elements selected will appear in maroon in the upper right part of the screen.

The screenshot displays the Intelicode Enterprise - Sample Office interface. The top menu bar includes File, Management, Visits, User/Connection, Office, CMS Guidelines, Tools, and Help. Below the menu is a navigation bar with tabs for Patient, History, Exam, Decision, and End. The Decision tab is active, showing a form titled "Amount/Complexity of Data". The form has a maroon header with "Low Complexity" and "99213" on the right, and "Limited" on the left. The main area contains a list of checkboxes for various clinical tasks. The bottom of the screen features a toolbar with font settings (Microsoft Sans, Size: 8.25, Color: black) and a help box with text about legibility.

Amount/Complexity of Data

- ☐ Review and/or order of clinical lab tests (CPT codes in the 80000 series)
- ☒ Review and/or order of tests in CPT radiology section (nuclear medicine and all imaging except echocardiography and cardiac cath) (CPT Codes in the 70000 series)
- ☒ Review and/or order of tests in CPT medicine section (EEG, EKG, echocardiography, cardiac cath, non-invasive vascular studies, pulmonary function studies) (CPT codes in the 90000 series)
- ☐ Discussion of tests with performing physician
- ☐ Independent review of image, tracing or specimen
- ☐ Decision to obtain old records and/or obtain history from someone other than the patient
- ☐ Review and summarization of old records and/or obtaining history from someone other than patient

Font: Microsoft Sans
Size: 8.25 Color: ■

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Legibility (R) - General Principles of Medical Record Documentation include: "The medical record should be complete and legible." A good definition of "legibility" is that it must be legible to someone outside the practice or facility. Dictation should be considered to improve legibility and reduce potential claims issues and risk to the practice or facility for any provider with poor penmanship.

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4.4.1.3 Risk

The Decision Screen is the final component of the three key elements required in documenting an E&M Service and is broken down into three

sections. Choose any of the following topics to see what is required on each tab under Decision.

4.4.1.3.1 Presenting Problems

The **Presenting Problem(s)** screen of the three **Risk** screens is used to indicate the level of risk associated with the presenting problem documented for the encounter being audited.

1. To select the desired level of presenting problem risk, click the element on the right side of the screen. The selected risk element will be shown in a bold, maroon text.
2. The elements are categorized by level. The highest corresponding **Risk Level** (e.g. minimal, low, moderate, high) will appear in the upper right part of the screen.
3. To unselect any element, simply click that element again. It will turn back to a black text.
4. To add a risk element, right-click in the area where the risk elements are listed and click **Add Risk Item**. This will take you to the Risk Elements screen where you can add a risk element.

Intellicode Enterprise - Sample Office

File Management Visits User/Connection Office CMS Guidelines Tools Help

Patient History Exam **Decision** End

Low Complexity 99213 Modifiers

Diagnosis/Management Options Amount/Complexity of Data Risk

Presenting Problem(s) Minimal

Diagnostic Procedure(s) One Self-Limited or Minor Problem

Management Option(s) Low

2 or More Self-Limited Problems

1 Stable Chronic Illness

Acute Uncomplicated Illness or Injury

Moderate

1 or More Chronic Illnesses with Mild Exacerbation, Progression, or Side Effects of Treatment

2 or More Stable Chronic Illnesses

Undiagnosed New Problem with Uncertain Prognosis

Acute Illness with Systemic Symptoms

Acute Complicated Injury

High

1 or More Chronic Illnesses with Severe Exacerbation, Progression, or Side Effects of Treatment

Acute or Chronic Illnesses or Injuries that may Pose a Threat to Life or Bodily Function

An Abrupt Change in Neurologic Status

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Size: 8.25 Color: ■

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4.4.1.3.2 Diagnostic Procedures

The **Diagnostic Procedure(s)** screen of the three **Risk** screens is used to indicate the level of risk associated with the review or ordering of diagnostic procedures or services documented, if applicable.

1. To select the desired level of Diagnostic Procedures Risk, click the element on the right side of the screen. The selected risk element will be shown in a bold, maroon text.
2. The elements are categorized by level. The highest corresponding **Risk Level** (e.g. minimal, low, moderate, high) will appear in the upper right part of the screen.

3. To unselect any element, simply click that element again. It will turn back to a black text.
4. To add a risk element, right-click in the area where the risk elements are listed and click **Add Risk Item**. This will take you to the Risk Elements screen where you can add a risk element.

Intelicore Enterprise - Sample Office

File Management Visits User/Connection Office CMS Guidelines Tools Help

Patient History Exam **Decision** End Low Complexity 99213 Modifiers

Diagnosis/Management Options Amount/Complexity of Data Risk

Presenting Problem(s) Minimal

Diagnostic Procedure(s) Laboratory Tests Requiring Venipuncture

Management Option(s) EKG/EEG

Ultrasound

Chest X-Rays or Other Diagnostic X-Rays

Urinalysis

KOH Prep

Low

Physiologic Tests Not Under Stress

Superficial Needle Biopsies

Skin Biopsies

Non-Cardiovascular Imaging Studies with Contrast

Clinical Laboratory Tests Requiring Arterial Puncture

Moderate

Physiologic Tests Under Stress

Deep Needle or Incisional Biopsy

Obtain Fluid From Body Cavity

Diagnostic Endoscopies with No Identified Risk Factors

Cardiovascular Imaging Studies with Contrast and No Identified Risk Factors

High

Cardiac Electrophysiological Tests

Discography

Diagnostic Endoscopies with Identified Risk Factors

Cardiovascular Imaging Studies with Contrast with Identified Risk Factors

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Legibility (I)

Legibility (R)

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4.4.1.3.3 Management Options

The **Management Option(s)** screen of the three **Risk** screens is used to indicate the level of risk associated with the management options documented for the encounter being audited.

- I. To select the desired level of Management Options Risk, click the

element on the right side of the screen. The selected risk element will be shown in a bold, maroon text.

2. The elements are categorized by level. The highest corresponding **Risk Level** (e.g. minimal, low, moderate, high) will appear in the upper right part of the screen.
3. To unselect any element, simply click that element again. It will turn back to a black text.
4. To add a risk element, right-click in the area where the risk elements are listed and click **Add Risk Item**. This will take you to the Risk Elements screen where you can add a risk element.

Intelicode Enterprise - Sample Office

File Management Visits User/Connection Office CMS Guidelines Tools Help

Patient History Exam **Decision** End Low Complexity 99213 Modifiers

Diagnosis/Management Options Amount/Complexity of Data Risk High

Presenting Problem(s) Minimal

Diagnostic Procedure(s) Rest

Management Option(s) Gargles

Elastic Bandages

Superficial Dressings

Low

Over the Counter Drugs

Physical Therapy

IV Fluids without Additives

Minor Surgery with No Identified Risk Factors

Occupational Therapy

Moderate

Minor Surgery with Identified Risk Factors

Prescription Drug Management

IV Fluids with Additives

Elective Major Surgery (Open, Percutaneous or Endoscopic) with No Identified Risk Factors

Therapeutic Nuclear Medicine

Closed Treatment of Fracture or Dislocation without Manipulation

High

Parenteral Controlled Substances

Decision not to Resuscitate or De-escalate Care Because of Poor Prognosis

Drug Therapy Requiring Intensive Monitoring for Toxicity

Emergency Major Surgery (Open, Percutaneous or Endoscopic)

Elective Major Surgery (Open, Percutaneous or Endoscopic) with Identified Risk Factors

Font: Microsoft Sans

Size: 8.25 Color: ■

Note Macros...

Audit Date: 7/23/2019

Revised Date: 7/23/2019

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Legibility (R)

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4.4.2 AMA MDM

This section applies to the Decision screen when using American Medical Association Medical Decision Making.

4.4.2.1 Number/Complexity of Problems

Number and Complexity of Problems Addressed

- On the Number and Complexity of Problems Addressed tab. You select the number of problems addressed in the encounter being audited.
 - 1. Select the appropriate number from the drop down box for each option.
 - 2. The level for the Number and Complexity of Problems Addressed portion of the encounter will appear in maroon in the upper right corner of the screen.
 - When the mouse is positioned over an element, the definition of the element will appear in the light blue help box across the bottom of the page as an additional reference.

Intelicode Enterprise 18.0.0.0 - x86 - Sample Office

File Management Visits User/Connection Office CMS Guidelines Tools Help

Patient History Exam **Decision** End

Low Complexity (AMA) 99213

Number and Complexity of Problems Addressed	Amount and/or Complexity of Data	Risk
Number and Complexity of Problems Addressed		
1	Self-limited or minor problem(s)	
	Stable chronic illness(es)	
	Acute, uncomplicated illness(es) or injury(ies)	
	Stable, acute illness(es)	
	Acute, uncomplicated illness(es) or injury(ies) requiring hospital inpatient or observation level of care	
	Chronic illness(es) with exacerbation, progression, or side effects of treatment	
1	Undiagnosed new problem(s) with uncertain prognosis	
	Acute illness(es) with systemic symptoms	
	Acute complicated injury(ies)	
	Chronic illness(es) with severe exacerbation, progression, or side effects of treatment	
1	Acute or chronic illness(es) or injury(ies) that pose(s) a threat to life or bodily function	
	Multiple morbidities requiring intensive management (Only applies to Initial Nursing Facility Services 99304-99306)	

Font: Microsoft Sans
Size: 8.25 Color: ■

Note Macros

Audit Date: 11/23/2022
Revised Date: 11/23/2022

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Legibility (R) - General Principles of Medical Record Documentation include: "The medical record should be complete and legible." A good definition of "legibility" is that it must be legible to someone outside the practice or facility. Dictation should be considered to improve legibility and reduce potential claims issues and risk to the practice or facility for any provider with poor penmanship.

Click the Decision button to show or hide the decision type options.

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4.4.2.2 Amount/Complexity of Data

Amount and/or Complexity of Data to be Reviewed and Analyzed

- The amount and/or complexity of data to be reviewed and analyzed. This data includes medical records, tests, and/or other information that must be obtained, ordered, reviewed, and analyzed for the encounter.
 - Data is divided into three categories
 - Tests, documents, orders, or independent historian(s).
 - Independent interpretation of tests
 - Discussion of management or test interpretation with an external physician or other qualified healthcare professional or appropriate source.

- The level for the Amount and/or Complexity of Data to be Reviewed and Analyzed is displayed in the upper right corner of the screen. The lowest level, Minimal or None, does not require any data and may be used to meet a straightforward level of Medical Decision Making.
- When the mouse is positioned over an element, additional information from the documentation guidelines will appear in the light blue help box across the bottom of the page as an additional reference.

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4.4.2.3 Risk

Risk of Complications and/or Morbidity or Mortality of Patient Management

- The risk of complications, morbidity, and/or mortality of patient management decisions made at the visit, associated with the patient's

problem(s), the diagnostic procedure(s), treatment (s). This includes the possible management options selected and those considered, but not selected, after shared medical decision making with the patient and/or family.

- The elements are categorized by level. The highest corresponding **Risk Level** (e.g. minimal, low, moderate, high) will appear in the upper right part of the screen.
- To add a risk element, right-click in the area where the risk elements are listed and click **Add Risk Item**. This will take you to the Risk Elements screen where you can add a risk element. Select the AMA risk type to add a risk element to this screen.

Intelicode Enterprise 18.0.0.0 - x86 - Sample Office

File Management Visits User/Connection Office CMS Guidelines Tools Help

Patient History Decision End

Low Complexity (AMA) 99213

Number and Complexity of Problems Addressed Amount and/or Complexity of Data Risk

Risk of Complications and/or Morbidity or Mortality of Patient Management

Minimal

Minimal risk of morbidity from additional diagnostic testing or treatment

Low

Low risk of morbidity from additional diagnostic testing or treatment

Moderate

Moderate risk of morbidity from additional diagnostic testing or treatment

Prescription drug management

Decision regarding minor surgery with identified patient or procedure risk factors

Decision regarding elective major surgery without identified patient or procedure risk factors

Diagnosis or treatment significantly limited by social determinants of health

High

High risk of morbidity from additional diagnostic testing or treatment

Drug therapy requiring intensive monitoring for toxicity

Decision regarding elective major surgery with identified patient or procedure risk factors

Decision regarding emergency major surgery

Decision regarding hospitalization or escalation of hospital-level care

Decision not to resuscitate or to de-escalate care because of poor prognosis

Parenteral controlled substances

Font: Microsoft Sans
Size: 8.25 Color: black

Note Macros

Audit Date: 11/28/2022
Revised Date: 11/28/2022

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Legibility (R) - General Principles of Medical Record Documentation include: "The medical record should be complete and legible." A good definition of "legible" is that it must be legible to someone outside the practice or facility. Dictation should be considered to improve legibility and reduce potential claims issues and risk to the practice or facility for any provider with poor penmanship.

Legibility (I)
Legibility (R)

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4.5 End Screen

The **End** screen displays a summary of the information that you have entered up to this point and gives you the opportunity to make changes or add other pertinent data.

1. **Code:** The audited code (the code produced by the information entered by the reviewer) will appear in the upper right corner of the screen in yellow font.
2. **Visit Information:**
 - a. The information shown in this section (left side) of the screen is a culmination of the encounter information the reviewer has entered up to this point.
 - b. If information reflected on this portion of the screen is incorrect, return to the screen where the original information was entered to make the appropriate changes.
3. **Comparison:**
 - a. If **Time** is a factor in the encounter being audited, enter the time in the appropriate field by clicking on the text box and entering the documented time. The type of time depends on the selected service type and may be one of the following: Face to Face, Non Face to Face, Unit/Floor, and Total time.
 - b. Additionally, enter the documented **Counseling** time in the appropriate field by clicking on the text box and entering the documented Counseling time.
 - c. If the Counseling time is 50% or more of the total Face-to-Face time, Intelicode® will automatically adjust to reflect the

appropriate code in the selected service category in relation to the times entered. This will, however, only work for certain codes.

- d. If you wish to remove Face-to-Face or Counseling times, simply double-click on the corresponding text box to select the text and press the **Delete** key.
- e. **Psychotherapy Face to Face time** and **Additional Clinical Staff Time** can be entered here to meet add-on codes for Office or Other Outpatient visits.
- f. Intelicode® calculates the **Reviewer E&M** based on what has been selected in each of the screens (**History, Exam, Decision**).
- g. Select the **Provider E&M** from the list of E&M codes in the middle of the screen at the top.
- h. A **Variance** is calculated based on the code difference. When the **Reviewer E&M** and the **Provider E&M** are from different **Service Categories** (i.e. **Office/ Outpatient** vs. **Consultation**), the Variance will show as "**WC**" or "Wrong Category". You are allowed to select a different variance from the drop down list if you wish.
- i. The **Conversion Factor %** you set in the **Preferences** will show here. You can still change it for the visit if you wish. Just click the up or down arrows to change the percentage by one hundredth (.01) or type the number in.
- j. **Fee** differences will also be calculated for **E&M, Other Services**, and **Total** based on the information in the **Fee**

Schedule that you have selected.

- k. **RVU** numbers are also calculated for each of the above three categories based on the information in the **Fee Schedule** that you have selected.
- l. **Provider E&M** - The code used by the provider for billing the encounter being audited.
- m. **Reviewer E&M** - The audited/reviewed code (the code produced by the information entered by the reviewer) will appear in the upper right corner of each screen in yellow font and in the **Reviewer E&M** field in the **Comparison** area.
- n. **Modifier** - This is the **Modifier** field (located next to the **Provider E&M** and **Reviewer E&M** fields) for the Provider and Reviewer E&M. Select the appropriate modifier, if applicable, by clicking on the drop down arrow and clicking on the desired modifier.
- o. **Fee Schedule** -
 - i. The **Fee Schedule** field will display the fee schedule utilized to produce the comparison **Overbilled** or **Underbilled** amount.
 - ii. This field also allows the reviewer to change the fee schedule for the encounter being audited if more than one fee schedule is loaded.
 - iii. If no fee schedule amounts are loaded, the **Overbilled** or **Underbilled** field will remain blank in applicable situations.

4. E&M Services:

- a. Begin typing the **Diagnosis Code** used by the provider when billing the audited encounter, when applicable, if desired. A list of codes will pop up for you to select from.
- b. If the reviewer agrees with the provider, just click the **Same** button. The fields will populate to agree with the provider data.
- c. Otherwise, if appropriate, in the same manner as was done for the provider select the **Reviewer** diagnosis code(s).
- d. The diagnosis codes are pre-loaded by Intellicode.

The screenshot displays the Intellicode Enterprise - Sample Office application. The interface includes a menu bar (File, Management, Visits, User/Connection, Office, Coding Resources, Tools, Help) and a toolbar with buttons for Patient, History, Exam, Decision, End, and Finish. The main window is titled "Visit Information" and "Comparison".

Visit Information:

- Visit Date: 12/2/2024, Age: 67
- Patient ID: 167
- Patient Name: Bebee, Betty
- Status: Established, Sex: F
- Service Type: Office or Other Outpatient
- Provider: [Empty]
- Requester: [Empty]
- Resident: [Empty]
- Reviewer: Auditor, A #100
- Payor: [Empty]
- History: Expanded
- Exam: Expanded (95)
- Decision: Low Complexity
- Problems: Minimal
- Data: Limited
- Risk: High

Comparison:

Time:

Time	0 Min	Prolonged	0 Min	Provider E&M	Variance	Conversion Factor %	Diff	Fee	RVU
Total	0	Prolonged	0	99213	1	100.00	E&M	\$35.40	1.12
Counseling	0	Psychotherapy Face to Face	0	99214			Other	\$0.00	0.00
Add'l Clinical Staff	0	Prolonged Clinical Staff	0	99215			Total	\$35.40	1.12
				99221					
				99222					
				99223					

E&M Services:

Provider: 99214

Reviewer: 99213

Provider Code: 99214, **Modifier:** [Empty], **Add on #:** 1, **Add on Code:** [Empty]

Reviewer Code: 99213, **Modifier:** [Empty], **Add on #:** 1, **Add on Code:** [Empty]

Same button is present.

Legibility (I) - Some portions of this entire note includes documentation where legibility is at least questionable or extremely poor.

Legibility (R) - General Principles of Medical Record Documentation include: "The medical record should be complete and legible." A good definition of "legibility" is that it must be legible to someone outside the practice or facility. Dictation should be considered to improve legibility and reduce potential claims issues and risk to the practice or facility for any provider with poor penmanship.

Psychotherapy Face-to-Face time in addition to a non-psychotherapy service.

5. Other Services:

a. Provider Section

- i. The **Other Services** tab allows you to choose —for

both **Provider** and **Reviewer**— an unlimited number of **Procedure Codes** and an unlimited number of **Diagnosis Codes** for each **Procedure Code**.

- ii. Begin typing the first **Procedure Code** in the white box under the **Provider Procedure Code** heading. A list of procedure codes will pop up. You can then select the appropriate code.
- iii. If appropriate, select a modifier by clicking on the box underneath the **Modifier** heading just to the right of the Provider Procedure Code.
- iv. Enter the appropriate number of Units for the procedure.
- v. If more than one unit is entered, the Single Procedure checkbox will appear. When not checked, each unit counts as a separate procedure for totals and accuracy. When checked, a procedure is counted as one and both the code and unit count must match to be accurate.
- vi. The default Single Procedure selection can be set in Preferences using the Count Units as a Single Procedure By Default option.
- vii. Then, click in the **Dx** text box just below the procedure code and begin typing the first **Diagnosis Code** for this procedure code. A list of diagnosis codes will pop up. You can then select the appropriate code. Repeat, as necessary, for as many diagnosis codes are needed.
- viii. For any additional procedure codes, repeat the process above starting with **Provider Procedure Code 2**.

b. Reviewer Section

- i. If the reviewer agrees, simply click the **Same** button. The data will be populated to match the provider data.
- ii. If there is any disagreement, you will need to enter the information just as it was described above for the **Provider** section.
- iii. For any additional procedure codes, repeat the process above starting with **Reviewer Procedure Code 2**.

The screenshot displays the Intellicode Enterprise - Sample Office software interface. The top menu bar includes File, Management, Visits, User/Connection, Office, Coding Resources, Tools, and Help. The main window has tabs for Patient, History, Exam, Decision, End, and Finish. The Exam tab is selected, showing a patient named Bebee, Betty, with a visit date of 12/2/2024 and age 67. The Comparison section shows a list of services with units and modifiers. The E&M Services section is active, showing a list of services with units and modifiers. The Reviewer section is highlighted, showing fields for Provider Additional Code, Units, Modifier, and a 'Same as Provider' button. The interface also includes a Fee Schedule table and a Medical Necessity button.

Provider E&M	Variance	Conversion Factor %	Diff	Fee	RVU
99213	1	100.00	E&M	\$35.40	1.12
99214			Other	\$0.00	0.00
99215					
99221					
99222					
99223					
Fee Schedule					
(2024Q4) INDIANA - STATE					
Total				\$35.40	1.12

6. Medical Necessity:

- a. When you click on the **Medical Necessity** button, three questions become visible.
- b. If the first question is answered "Y", the other two questions are not applicable and are, therefore, not available to answer.

- c. If the first question is answered "N", the second question becomes available to answer. If you answer "Y"--that you want to manually override the Reviewer E & M based on the presenting problem--a list of E&M codes will appear. Select the appropriate code by clicking on the text. The third question will not be applicable or available.
- d. If the second question is answered "N", the third question becomes available to answer. If you answer "Y"--that you want to base the Review E&M on the MDM--the code in the upper-right corner of the screen will change. If you answer the Second or Third question as "Y" then a **-DC (Determined Code)** modifier will load into the audit. If you answer the third question "N", there is no change.

Intelicore Enterprise - Sample Office

File Management Visits User/Connection Office Coding Resources Tools Help

Patient History Exam Decision End Finish 99213

Visit Information

Visit Date: 12/2/2024 Age: 67

Patient ID: 167

Patient Name: Bebee, Betty

Status: Established Sex: F

Service Type: Office or Other Outpatient

Provider

Provider: [Empty]

Requester: [Empty]

Resident: [Empty]

Reviewer

Reviewer: Auditor, A #100

Payor: [Empty]

History

Expanded

Exam

Expanded (95)

Decision

Low Complexity

Problems

Minimal

Data

Limited

Risk

High

Comparison

Time

Total: 0 Min Prolonged: 0 Min

Counseling: 0 Min Psychotherapy Face to Face: 0 Min

Add'l Clinical Staff: 0 Min Prolonged Clinical Staff: 0 Min

Provider E&M

99213 99214 99215 99221 99222 99223

Variance

1

Conversion Factor %

100.00

Diff

E&M \$35.40 Fee 1.12

Other

\$0.00 0.00

Total

\$35.40 1.12

E&M Services

1. Does the presenting problem support the level of service? Y N **Medical Necessity**

2. Do you want to manually override the Reviewer E&M based on the presenting problem? Y N

3. Do you want to base the Reviewer E&M on the MDM? Y N

Provider Additional

90472 IM ADM

01

R05.3 Chronic cough

02

Same as Provider

Provider Additional Code

2 Units 1 Modifier

Reviewer Additional Code

2 Units 1 Modifier

Font: Microsoft Sans

Size: 8.25

Color: [Black]

Note Macros

Audit Date: 12/2/2024

Revised Date: 12/2/2024

Legibility (I)

Some portions of this entire note includes documentation where legibility is at least questionable or extremely poor.

Legibility (R)

General Principles of Medical Record Documentation include: "The medical record should be complete and legible." A good definition of "legible" is that it must be legible to someone outside the practice or facility. Dictation should be considered to improve legibility and reduce potential claims issues and risk to the practice or facility for any provider with poor penmanship.

Total time on the date of the encounter. This includes both the face-to-face and non-face-to-face time personally spent by the physician and/or other qualified health care professional(s) on the day of the encounter (includes time in activities that require the physician or other qualified health care professional and does not include time in activities normally performed by clinical staff).

7. Statistics:

- a. When you click on the **Statistics** tab, you can view the

current procedure, modifier, and diagnosis accuracy statistics and Fee/RVU values for the visit.

- b.** The Fee/RVU sections show the total Fee/RVU values for the provider, reviewer, and the difference between the two.

The screenshot displays the Intelicode Enterprise - Sample Office interface. The top menu bar includes File, Management, Visits, User/Connection, Office, Coding Resources, Tools, and Help. The main window is divided into several sections:

- Visit Information:** Includes fields for Visit Date (12/2/2024), Age (67), Patient ID (167), Patient Name (Bebbe, Betty), Status (Established), Sex (F), Service Type (Office or Other Outpatient), Provider, Requester, Resident, Reviewer (Auditor, A #100), and Payor.
- Comparison:** A table comparing Provider E&M, Variance, Conversion Factor %, Diff, Fee, and RVU. It shows values for Total, Counseling, and Add'l Clinical Staff.
- E&M Services:** A table showing Procedures, Diagnoses, and Modifiers with Accurate counts and Percentages.
- Fee/RVU Differences:** A table comparing Provider Fee/RVU, Reviewer Fee/RVU, and Fee/RVU Differences (EM Fee, EM RVU, Other Fee, Other RVU, Total Fee, Total RVU).
- Notes:** A section for Legibility (I) and Legibility (R) with a text area for notes and a 'Note Macros' button.

The bottom status bar shows the font (Microsoft Sans), size (8.25), and color (black). The audit date is 12/2/2024, and the revised date is 12/2/2024.

8. Notes:

- a.** For instructions on how to use the **Notes** section (which is available from many screens) or how to manage the **Note Macros**, see the Note Macros help page.

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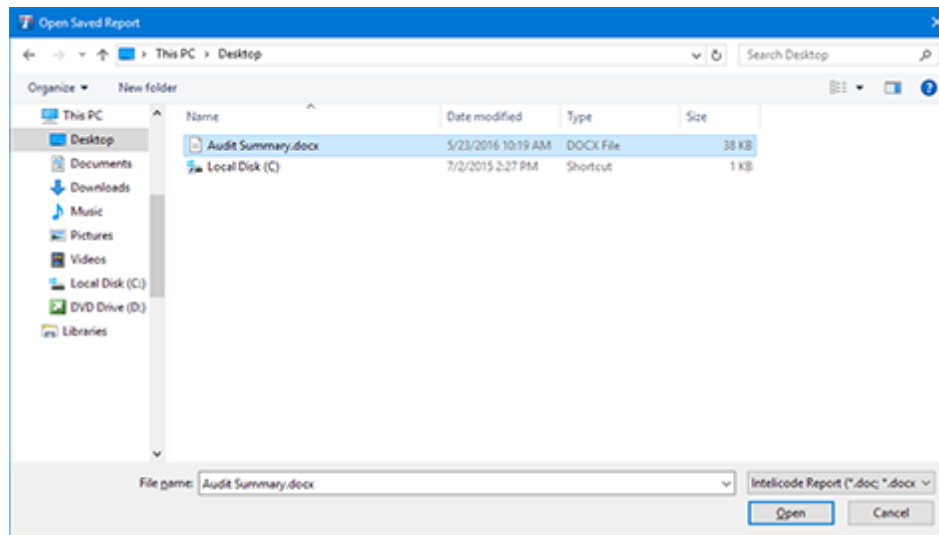
4.6 Retrieve Saved Reports

Intelicode® gives the user the ability to save reports in different formats (i.e. Word®, Excel®, PDF).

1. You can access your saved reports by going to the **File** menu (located in the upper-left corner of the screen) and then select **Retrieve Saved Reports**

The screenshot displays the Intelicode Enterprise - Sample Office application. The interface includes a menu bar (File, Management, Visits, UserConnection, Office, CMS Guidelines, Tools, Help) and a main menu (Patient, History, Exam, Decision, End). The Patient tab is selected, showing a patient ID of 99211 and a modifier. The main content area is divided into several sections: Pending Audits (Audit Prep, Import), Visit Information (Patient ID, Last Name, First Name, D.O.B., Patient Status, Patient Gender, Attending Provider, Visit Date, Requesting Provider, Reviewer), Service Type (a list of service types with checkboxes), Payor, RWU - Place of Service, Fee Schedule, and Documentation. At the bottom, there is a text area for the report content, a font toolbar, and a status bar with audit and revision dates.

2. An **"Open"** pop-up window will appear. Select the file name containing your saved report(s) and click the **Open** button or double-click the file name.



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4.7 Visit Summaries

The **Visit Summaries** screen displays the audited encounters for selected office(s). You may sort by using no filters, one filter, or multiple filters at the same time. The information displayed on this screen can be sorted in multiple ways to make your reports as specific as you desire.

1. To access the **Visit Summaries** screen, click on the **Visits** menu at the top of the screen. Then, click on **Visit Summaries**.
2. **Offices:**
 - a. Notice first, the lower-left portion of the screen. There is a white box beneath the heading that says **Office/Department (s) to Query**. The office that is selected is the office that is being used to display the data in the grid on the right side of

the screen.

- b. To switch to another office, click on the office name.
- c. To display data from multiple offices, hold down **Ctrl** key and select other offices. You can also hold down the **Shift** key to select a group of offices at one time.

3. **Grid:**

a. **Visits:**

- i. Each row in the grid is a visit.
- ii. You can select a visit by clicking on it. You can select multiple visits by holding down the **Ctrl** key as you select. You can select a group of visits at one time by holding down the **Shift** key while selecting.
- iii. When you select a visit, the **Notes** associated with that encounter are displayed in the white box on the bottom left of the screen, while the **Note Macros** are displayed in the white box on the bottom right of the screen.
- iv. To delete visit(s), select the visit or visits you wish to delete, right-click anywhere in the grid, and then click on **Delete Visit(s)**. Otherwise, instead of right-clicking, you can simply press the **Delete** key on your keyboard.
- v. To send visit(s) to another office, select the visit or visits you wish to send, right-click, and then click on **Send Visit (s) to Another Office**. Next, pick the office you want to send the visit(s) to.
- vi. To edit a visit, select one visit (if you select more than one,

the one you last clicked on will be edited). Then, click on the **Edit Visit** button towards the lower-left corner of the screen (or, you can double-click on the visit in the grid). The **Patient** screen will pop up with the visit selected active.

- vii. To print an **Encounter Detail Report** on the visit(s) selected, click **Print Selected**. The **Print Options** window will pop up whereby you can print the report. For information about the **Encounter Detail Report** see the Encounter Detail Report help page.

b. **Columns:**

- i. Each column in the grid is a data field.
- ii. To select which columns you want in the grid, right-click anywhere within the grid and click on **Select Grid Columns**. You will be given a list of fields with a check box by each field.
- iii. Check or uncheck fields accordingly by clicking on the checkbox next to the field name or on the field name itself.
- iv. Click **OK** when the desired column names are checked.
- v. Click **Cancel** to avoid any changes to the columns.
- vi. To change the order in which the columns appear, click on the column heading, hold down the mouse button, and drag the box to the desired position. You can also right click on the grid and select **Reorder Grid Columns**. Column names can be clicked and dragged to the desired position or moved using buttons. The top to bottom

column order corresponds to the left to right order.

- vii. The column order can be saved or loaded from a file by right clicking on the grid and selecting **Export Grid Layout** to save or **Import Grid Layout** to load.
- viii. To alter the width of any given column, use your mouse to put the cursor on the column heading bar on the line that separates the columns, hold down the mouse button, and drag the column divider to the desired position.
- ix. To reset the columns to the default order and width, right-click anywhere in the grid and select **Reset Grid to Default**.
- x. To save the current grid layout to a file, right-click anywhere in the grid and select **Export Grid Layout**. This allows multiple layouts to be saved, loaded, or shared with other users.
- xi. To load the grid layout from a file, right-click anywhere in the grid and select **Import Grid Layout**.

4. **Totals:**

- a. **Total Visits:** The total number of visits currently showing in the grid.
- b. **Accurately Coded:** The number and percentage of visits currently in the grid that are coded accurately.
- c. **Under Coded/Billed:** The number and percentage of the **Total Visits** that are under coded and hence underbilled.
- d. **Over Coded/Billed:** The number and percentage of

the **Total Visits** that are over coded and hence overbilled.

- e. **Wrong Category:** The number and percentage of the **Total Visits** that were coded within the wrong category.
- f. **Procedure Accuracy:** The number of total procedures and the percentage of which are accurate.
- g. **Diagnosis Accuracy:** The number of total diagnoses and the percentage of which are accurate.
- h. **Modifier Accuracy:** The number of total modifiers and the percentage of which are accurate.
- i. **Total Billed:** The total amount billed for the visits currently showing in the grid.
- j. **Financial Error:** The percentage of difference between the amount inaccurately billed and the total amount billed.
- k. **Under Billed:** The total amount of the **Total Billed** that was under billed.
- l. **Over Billed:** The total amount of the **Total Billed** that was over billed.
- m. **Provider RVU:** Total of Provider RVUs.
- n. **User RVU:** Total of User/Reviewer RVUs.
- o. **Non-Compliant Teaching:** Reflects only those services (the number and percentage) that are non-Compliant teaching services, or those services that did not meet the teaching physician guidelines. (For Intelicode P.A.T.H. only)

- p. **Total Points:** The number of achieved and possible audit points in the shown visits.

5. **Filters:**

a. **Visit Date / Audit Date:**

- i. This filter will determine if the encounters displayed will be filtered by the **Visit Date** or by the **Audit Date**.
- ii. The **Visit Date / Audit Date** filter is found in the upper-left corner of the screen
- iii. The **Visit Date** is the date of service of the audited encounter.
- iv. The **Audit Date** is the actual date the audit was performed. Intelicode automatically stores the date each audit is performed.
- v. Select which criteria you want to filter with by clicking on **Visit Date** or **Audit Date** in the upper-left corner.
- vi. The date fields, which are located directly below the **Visit Date / Audit Date** toggle buttons, correspond with whichever type of date is selected.
- vii. For example, if **Visit Date** is selected and the date boxes display "7/19/2010" and "7/19/20", the encounters displayed in the grid will be only those encounters with a visit date (service date) between those two dates.
- viii. Of course, the same applies to Audit Date. When the **Audit Date** button is selected, the date range displayed in the date field will control the encounters

displayed by their actual date of audit.

b. **Status:**

- i. This represents whether the patient is a **New** patient or an **Established** patient.
- ii. The **Status** filter is located just below the **Visit Date / Audit Date** filters on the left side of the screen.
- iii. To filter by Status, click on the drop down box and then click on the appropriate Status.

c. **Var:**

- i. This filter will allow you to display only those visits that have a certain **Variance** between the provider code and the auditor code.
- ii. The **Var** filter is located just below the **Visit Date / Audit Date** filters on the left side of the screen.
- iii. To filter by Variance, click on the drop down box and then click on the appropriate Variance.

d. **Billed E & M:**

- i. This filter will allow you to display only those visits that have a certain **Billed E & M** code.
- ii. The **Billed E & M** filter is located just below the **Visit Date / Audit Date** filters on the left side of the screen.
- iii. To filter by Billed (Provider) E & M code, click on the drop down box and then click on the appropriate code.

e. **Provider:**

- i. This filter will allow you to display only those visits that have a certain **Provider**.
- ii. The **Provider** filter is located just below the **Status, Var,** and **Billed E & M** filters on the left side of the screen.
- iii. To filter by Provider, click on the drop down box and then click on the appropriate Provider.
- iv. The providers available for this field are those you have previously added to your Provider fields on the **Patient** screen.

f. **Specialty / Sub Specialty:**

- i. This filter will allow you to display only those visits that have a certain **Specialty** or **Sub Specialty** of the providers who performed the encounters/visits.
- ii. The **Specialty / Sub Specialty** filter is located just below the **Provider** filter on the left side of the screen.
- iii. To filter by Specialty or Sub Specialty, click on the drop down box and then click on the appropriate Specialty or Sub Specialty.

g. **Service Category:**

- i. This filter will allow you to display only those visits that have a certain **Service Category** that was chosen on the **Patient** screen.
- ii. The **Service Category** filter is located just below

the **Specialty / Sub Specialty** filter on the left side of the screen.

- iii. To filter by Service Category, click on the drop down box and then click on the appropriate Service Category.

h. **Note Macro:**

- i. This filter will allow you to display only those visits that contain a certain **Note Macro** within the **Notes** field.
- ii. The **Notes Macro** filter is located just below the **Service Sub Category** filter on the left side of the screen.
- iii. To filter by Note Macro, click on the drop down box and then click on the appropriate Note Macro.
- iv. The Macros available for this filter are those you have previously added to the **Note Macros** Management screen.
- v. When you select a visit, the **Notes** associated with that encounter are displayed in the white box at the bottom of the screen.

i. **Reviewer / Auditor:**

- i. This filter will allow you to display only those visits that were audited by a certain **Reviewer / Auditor**.
- ii. The **Reviewer / Auditor** filter is the last drop down box on the left side of the screen.
- iii. To filter by **Reviewer / Auditor**, click on the drop down box and then click on the appropriate **Reviewer /**

Auditor.

j. Clear All Filters:

- i. Intelicode® keeps track of your filter settings and retains them even after you have exited the software and returned.
- ii. However, if you would simply like to set the filters back to their default settings, click the **Clear All Filters** button.

The screenshot displays the 'Visit Summaries' window. On the left is a sidebar with filter options: Date Range By (Audit Date, Visit Date), Status, Var, Billed E&M, Provider, Specialty/Sub Specialty, Service Type, Note Macro, Reviewer/Auditor, and a 'Clear All Filters' button. Below these are 'Office/Department(s) to query' (Master Office, Sample Office) and 'Query Mode' (Auto, Manual, Query Now). The main area shows a table of visits with columns: Visit ID, Pat. ID, Patient, Visit Dt., Audit Dt., Stat, DOB, Fee Schedule, History, and Exam. Below the table is a summary table with metrics like Total Visits, Accurately Coded, Under Coded/Billed, Over Coded/Billed, Wrong Category(WC), Procedure Accuracy, Diagnosis Accuracy, Modifier Accuracy, Total Billed, Gross Financial Error, Under Billed, Over Billed, Provider RVU, User RVU, Non-Compliant TP (*), and Total Points. At the bottom, there are buttons for Reports, Print Selected..., Edit Visit, and Close.

Visit ID	Pat. ID	Patient	Visit Dt.	Audit Dt.	Stat	DOB	Fee Schedule	History	Exam
89	1308886	Armstrong, Denise	02/14/2020	11/08/2021	Est	01/01/1952	(2020Q1) INDIA...	Detailed	Expanded
124	3223	Finkleman, Henry	10/01/2021	11/08/2021	Est	09/09/1940		Expanded	Expanded
172	123	Public, John	03/16/2021	11/08/2021	Est	01/05/1963	(2021Q1) INDIA...		
105	4896	Werlington, Wilma	05/08/2021	08/08/2021	Est	08/30/1967			
160	708519	Markson, Mark	05/08/2021	08/08/2021	Est	02/06/1937			
145	3942	Greenfield, Joanne	05/07/2021	08/07/2021	Est	06/23/1962			
155	56789	Patient, Five	05/01/2021	08/01/2021	New			Focused	Focused (S)
146	5544	Hollywell, Holly	05/08/2021	07/22/2021	Est	06/05/1973			
95	814531	Lacey, Mitchell	03/17/2021	07/18/2021	Est	03/08/1945	(2021Q1) INDIA...	Detailed	Focused (S)
130	6236	Millford, Millie	03/16/2021	07/17/2021	Est	09/27/1938	(2021Q1) INDIA...	Comprehensive	Compreher
100	6465	Johnson, James	03/16/2020	07/17/2021	New	09/29/2009	(2020Q1) INDIA...	Expanded	Expanded
125	672737	Sund, Eric	03/16/2021	07/17/2021	Est	03/21/1934	(2021Q1) INDIA...	Focused	Focused (S)
150	639149	Reither, Edgar	03/16/2021	07/17/2021	Est	04/21/1953	(2021Q1) INDIA...	Detailed	Expanded
170	123	Public, John	03/16/2021	07/17/2021	Est	01/05/1963	(2021Q1) INDIA...	Detailed	Detailed (S)
121	167	Bebbee, Betty	05/01/2021	07/15/2021	Est	07/27/1957		Focused	Focused (S)
156	45678	Patient, Four	05/01/2021	07/15/2021	New				
164	707652	Sunder, Erica	05/08/2021	07/14/2021	Est	03/21/1935			
87	4896	Werlington, Wilma	05/08/2021	07/10/2021	Est	08/30/1967			
107	4896	Werlington, Wilma	05/08/2021	07/10/2021	Est	08/30/1967			
157	65432	Dooley, Jamison	03/08/2021	07/10/2021	New	07/15/1953			

Total Visits		Accurately Coded		Under Coded/Billed		Over Coded/Billed		Wrong Category(WC)		Procedure Accuracy		Diagnosis Accuracy		Modifier Accuracy	
#	60	29	48.33 %	12	20 %	8	13.33 %	14	23.33 %	10	80 %	7	42.86 %	3	33.33 %
Total Billed	\$ 3,695.93	Gross Financial Error		Under Billed	\$ 319.63	Over Billed	\$ 244.61	Provider RVU	54.38	User RVU	55.36	Non-Compliant TP (*)	0	0	Total Points
															5,887/6,000

25 Modifier (I) - Misuse of the 25 modifier's .

25 Modifier (I)

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4.8 Visit Summaries Archive

1. Prior to Intelicode® I 5, editing a visit would store an unaltered copy of the visit in the Visit Summaries Archive.
2. Starting with Intelicode® I 5, the Audit Log is used to track changes to visits. Visits edited in older versions are still kept in the archive, but visits will not be added to the archive unless they are archived manually.
3. To access the **Visit Summaries Archive** screen, click on the **Visits** menu at the top of the screen. Then, click on **Visit Summaries Archive**.
4. For further instructions on how to use this screen, see the Visit Summaries help page.

Visit Summaries Archive

Date Range By:
☒ Audit Date ☐ Visit Date
 12/13/2011 7/24/2019

Status **Var** **Billed E&M**
 [Dropdown] [Dropdown] [Dropdown]

Provider ☒ Attending ☐ Requesting
 All Providers (Click here to change)

Specialty/Sub Specialty
 [Dropdown]

Service Type
 [Dropdown]

Note Macro
 [Dropdown]

Reviewer/Auditor
 [Dropdown]

Clear All Filters

Office/Department(s) to query
 Master Office
 Sample Office

Query Mode
☒ Auto ☐ Manual **Query Now**

Reports
Print Selected
Edit Visit **Close**

Visit ID	Pat. ID	Patient	Visit Dt.	Audit Dt.	Revision Dt.	Stat	DOB	Points	TP
4	156	Singleton, Suzie	05/01/2014	05/01/2014	05/01/2014	Est	08/14/1945	98	
9	65465	Courtner, Gerald	05/08/2014	05/08/2014	05/08/2014	Est	03/21/1957	95	
13	1308886	Armstrong, Denise	04/16/2014	04/16/2014	04/16/2014	Est	01/01/1952	99	
14	4896	Werlington, Wilma	05/08/2014	05/08/2014	05/08/2014	Est	08/30/1952	95	
15	860354	Health, Joan	04/16/2014	04/16/2014	04/16/2014	Est	12/23/1934	94	
18	633369	Kalb, Carrie	04/16/2014	04/16/2014	04/16/2014	Est	01/15/1943	94	
22	615547	Lacey, Michelle	04/16/2014	04/16/2014	04/16/2014	New	07/01/1943	96	
23	4896	Werlington, Wilma	05/08/2014	05/08/2014	05/08/2014	Est	08/30/1952	95	
31	3223	Finkleman, Henry	05/01/2014	05/01/2014	05/01/2014	Est	09/09/1929	95	
34	3223	Finkleman, Henry	05/01/2014	05/01/2014	05/01/2014	Est	09/09/1929	95	
38	5982	Sullivan, Maria	04/16/2014	04/17/2014	04/17/2014	Est	03/15/1926	99	
41	1308886	Armstrong, Denise	04/16/2014	04/16/2014	04/16/2014	Est	01/01/1952	94	
42	3942	Greenfield, Joanne	05/07/2014	05/07/2014	05/07/2014	Est	06/23/1952	95	
45	65432	Dooley, Jamison	05/08/2014	05/08/2014	05/08/2014	Est	07/15/1943	95	
46	8945	Silverton, Denise	04/18/2014	04/18/2014	04/18/2014	Est	01/24/1968	99	
50	123	Public, John	04/16/2014	04/16/2014	04/16/2014	Est	01/05/1963	99	
51	672737	Sund, Eric	04/16/2014	04/16/2014	04/16/2014	Est	03/21/1929	94	
57	707567	Sayre, B.J.	04/16/2014	04/17/2014	04/17/2014	Est	08/11/1980	99	
59	3942	Greenfield, Joanne	05/07/2014	05/07/2014	05/07/2014	Est	06/23/1952	95	
63	776004	Hom, Ralph	04/16/2014	04/17/2014	04/17/2014	Est	09/30/1932	98	
64	847892	Healthman, Joannie	04/16/2014	04/16/2014	04/16/2014	Est	12/23/1934	84	

Preventive Visits are shown in red. Sick Visits are shown in blue.

Total Visits	Accurately Coded	Under Coded/Billed	Over Coded/Billed	Wrong Category(WC)	Procedure Accuracy	Diagnosis Accuracy
# 23	5 21.74 %	5 21.74 %	3 13.04 %	14 60.87 %	2 100 %	3 100 %

Total Billed	Gross Financial Error	Under Billed	Over Billed	Non-Compliant TP (*)	ProvRVU	UserRVU	Total Points
\$ 1,426.31	45.09 %	\$ 349.49	\$ 293.57	0 0 %	42.23	43.93	2,198/2,300

History Form (I) - The History Form completed by the patient was not dated and signed by the provider.
 History Form (R) - When using a History Form completed by the patient, the provider must initial or sign and date it, if using as part of the HX portion of the E&M code. If not signed and dated, it is assumed it was not reviewed.

History Form (I)
 History Form (R)

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4.9 Deleted Visits

1. When you delete a visit, Intelicode[®] keeps the original in the **Deleted Visits** table.
2. To access the **Deleted Visits** screen, click on the **Visits** menu at the top of the screen. Then, click on **Deleted Visits**.
3. To permanently delete deleted visit(s), select the deleted visit(s) you wish to permanently delete and right-click on the grid. Then, click **Permanently Deleted Visits**. You will be asked if you

want to permanently delete the visit(s). Click **Yes** to permanently delete the visit(s).

4. To restore deleted visit(s), select the deleted visit(s) you wish to restore and right-click on the grid. Click **Restore Deleted Visit(s)**. The visit(s) is removed from the **Deleted Visits** screen and can now be found on the **Visit Summaries** screen.
5. For further instructions on how to use this screen, see the Visit Summaries help page.

Deleted Visits

Date Range By:
☒ Audit Date ☐ Visit Date
 12/13/2011 7/24/2019

Status Var Billed E&M
 Provider ☒ Attending ☐ Requesting
 All Providers (Click here to change)
 Specialty/Sub Specialty
 Service Type
 Note Macro
 Reviewer/Auditor
 Clear All Filters

Office/Department(s) to query
 Master Office
 Sample Office

Query Mode
☒ Auto ☐ Manual Query Now
 Reports
 Print Selected
 Edit Visit Close

Visit ID	Pat. ID	Patient	Visit Dt.	Audit Dt.	Revision Dt.	Stat	DOB	Points	TP
11	134	Finstein, Fred	04/18/2014	04/18/2014	07/24/2019	Est	06/30/1959	94	

Preventive Visits are shown in red. Sick Visits are shown in blue.

Total Visits	Accurately Coded	Under Coded/Billed	Over Coded/Billed	Wrong Category(WC)	Procedure Accuracy	Diagnosis Accuracy	
# 1	0 0 %	0 0 %	0 0 %	1 100 %	0 100 %	0 100 %	
Total Billed	Gross Financial Error	Under Billed	Over Billed	Non-Compliant TP (*)	ProvRVU	UserRVU	Total Points
\$ 0.00	0 %	\$ 0.00	\$ 0.00	0 0 %	0	0	94/100

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4.10 Coding Resources

To access the **Coding Resources**, go to <https://intelicode.com/coding-resources> or click on the **Coding Resources** menu on the top of the screen and select **View on Intelicode.com**.

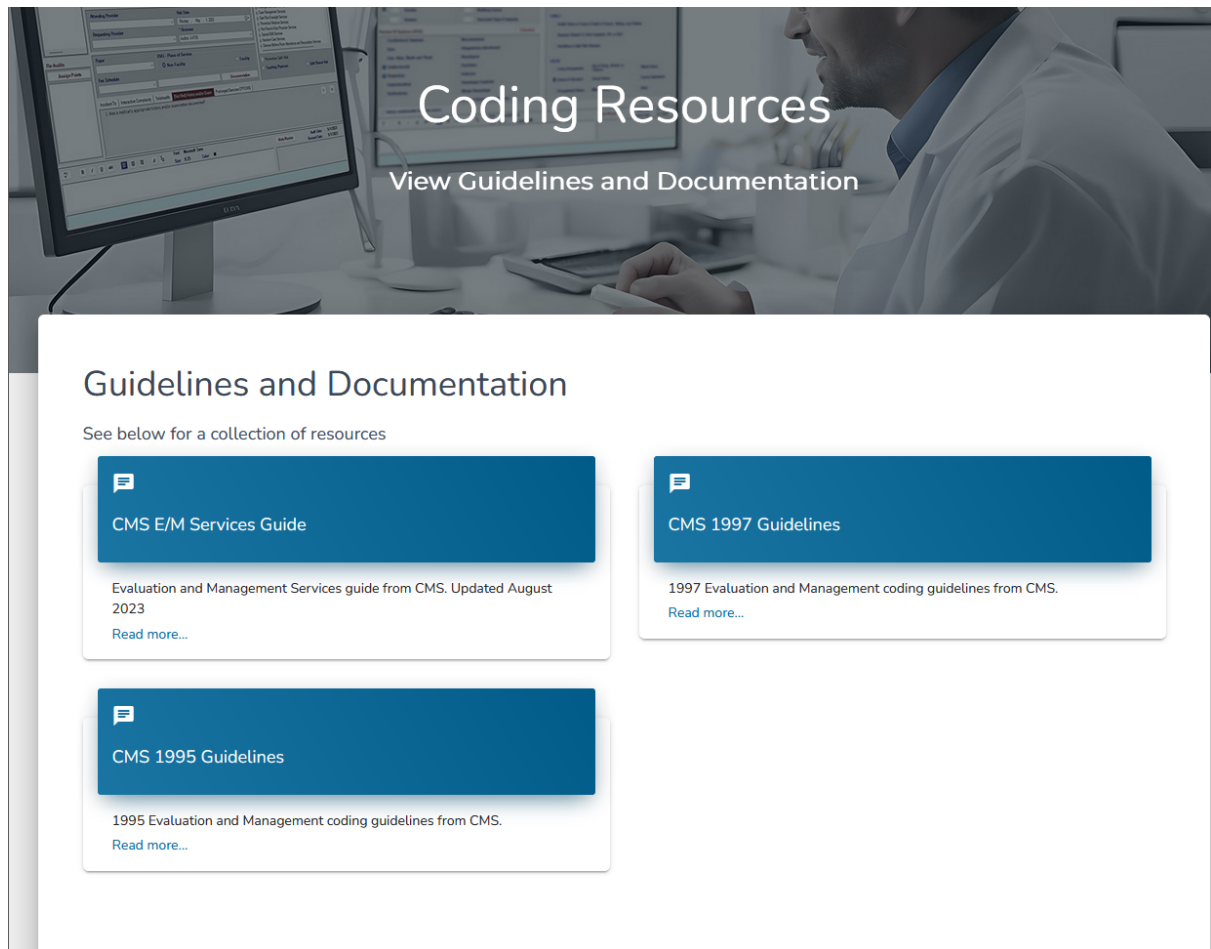
The screenshot displays the Intelicode Enterprise - Sample Office interface. The top menu bar includes File, Management, Visits, User/Connection, Office, Coding Resources, Tools, and Help. A red banner indicates a 'Provided Update Available' and a link to 'What's New In Intelicode?'. The main navigation bar has tabs for Patient, History, Exam, and Decision, with a 'View on Intelicode.com' button and 'Alt+V' shortcut. The right side shows '99211' and 'Modifiers'.

The main content area is divided into several sections:

- Pending Audits:** Includes an 'Audit Prep' section with an 'Import...' button and a table with columns 'Patient ID' and 'Provider ID'.
- Re-Audits:** Includes an 'Assign Points' button.
- Visit Information:** Contains fields for Patient ID (167), Last Name (Bebbe), First Name (Betty), D.O.B. (07/27/1957), Patient Status (New/Established), Patient Gender (Male/Female/Unknown), and Visit Date (Monday, December 2, 2024).
- Required Fields:** Includes fields for Attending Provider (Miller, John #9999), Requesting Provider, Payor, RVU - Place of Service (Non Facility/Facility), Fee Schedule, and Documentation.
- Service Type:** A list of services including Office or Other Outpatient, Hospital Inpatient and Observation Care Services, Consultations, Emergency Department Services, Critical Care Services, Nursing Facility Services, Home or Residence Services, Prolonged Services w/o Face-to-Face, Case Management Services, Care Plan Oversight Services, Preventive Medicine Services, Non-Face-to-Face Physician Services, Special E&M Services, Newborn Care Services, and Delivery/Birthing Room Attendance and Resuscitation Services. It also includes checkboxes for Preventive Split Visit, Teaching Physician, and Split/Shared Visit.
- Incident To:** A section with checkboxes for Interactive Complexity, Pelvic Exam, Telehealth, [Not Met] Complex Office or Other Outpatient, [Met] History and/or Exam, and Prolonged Services CPT/CMS.

At the bottom, there is a text area for notes, a 'Note Macros' button, and audit dates (Audit Date: 12/2/2024, Revised Date: 12/2/2024).

The **Coding Resources** page includes links to and brief descriptions of resources. These resources are either hosted by Intelicode or are external links, which are labeled as such.



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4.11 Preferences

1. To access the **Preferences**, click on the **Tools** menu and then click **Preferences** menu at the top of the screen. A new window will pop up in which you can set your Intelicode[®] preferences. Select the desired Exam Type by clicking on it.
2. **Default Elements**
 - a. To set which **Exam Type** will be entered by default, click

on the drop down box just below the **Default Exam Type** heading in the upper-left part of the **Preferences** screen.

- b. The **Default 2021-2022 Medical Decision Making** drop down box determines the default Medical Decision Making used for 2021 and 2022 visits. By default, the recommended option follows AMA guidelines and only uses the new AMA Medical Decision Making criteria for Office and Other Outpatient Visits. Starting in 2023, only the AMA Medical Decision Making is appropriate.

3. Code Selection

- a. On the **End** screen, diagnosis codes are entered by typing in either the code or the description, and a list pops up with possible entries to select. By default, Intelicode looks for the user to type in the diagnosis code. To set Intelicode to look for the diagnosis description instead, click on the drop down box just beneath the **Enter Dx Codes by** heading. Select **Description** by clicking on it.
 - b. To set the preference for CPT codes, follow the same instructions above only for the dropdown box just beneath the **Enter CPT Codes by** heading.
- 4. To set the criteria by which the RVUs will be calculated, click on **Work, Malpractice, Practice Expense (PE),** or **Total** from the **RVU's** section.
 - 5. To set the **Default Conversion Factor** for the **Fees**, either type in the percentage in the box just to the left of the **Default Conversion Factor** heading in the **Fees** section, or

click on the arrows to move the percentage up or down by increments of one hundredth (.01). This will also show on the **End Screen**.

6. Reporting

- a. **Use Visit Summary Filter Criteria for saved Reports** will allow the User to save a report with the Visit Filters (except the date) attached.
- b. The **Default to Quick Print for Reports** makes the option of **Quick Print** selected by default instead of **Preview or Print in Word** for your convenience. Check this box if you would like to print quickly without a preview or uncheck to leave at the original default.
- c. The **Use Absolute values to Calculate Financial Error** checkbox determines the formula used to calculate financial error. With absolute values, the under and over billed values are added together. With Net values, the under billed value is subtracted from over billed.
- d. The **Exclude Procedure Only Visits From Visit Accuracy Statistics** checkbox is used to not count visits using the “Procedure Only” service type in the visit accuracy statistics. Procedures and diagnoses in those visits are still counted in their respective statistics.
- e. The **Omit Blank history and exam on 2021+ Office Visit Reports** checkbox is used to exclude History and Exam sections from the Encounter detail report if the visit is a 2021 or later Office or Other Outpatient visit with no History or Exam recorded.

- f. When the **Include Status in Service Type if Status Changes Codes** checkbox is checked, service types on reports and Visit Summaries will include "New Patient" or "Established Patient" if the service type uses different codes depending on the patient's status. Office or Other Outpatient visits are an example.

7. Encounter

- a. To set the **Require Consult Verification** as Yes or No, place a check in the checkbox to require the verification or uncheck to not require the verification. The **Consult Verification Questions** will still show whether the box is checked or not. If you uncheck the box, however, you may move past the **Patient Screen** without answering the questions.
- b. The **Order Service and SubService alphabetically** checkbox is available too. This will order the Service Types and SubService Types from A-Z instead of the order the CPT® book has them. You can always revert back by unchecking the box in the **Preferences**.
- c. To set the **Include Other Services in Fees & RVUs** as Yes or No, place a check in the checkbox to include the other services or uncheck to show only E&M. On the reports you will see "Calculations based on Code Services" under the title of the report if you uncheck the box. You will see "Calculations based on Total Services" under the title of the report if you check the box.
- d. The **Require MDM by Default** checkbox is used to required Medical Decision Making be used for codes that

require 2 of the 3 key components (History, Exam, Decision).

- e. The **Prefer Time-Based Codes by Default** checkbox is used to make Intelicode prefer using Time-Based codes over codes met by the key components when counseling time dominates the encounter. The Time-Based code will be used even if the History, Exam, and Decision levels support a higher level.
 - f. The **Count Multiple HPI Elements by Default** checkbox is used to allow multiple of the same HPI element to count toward the HPI level. This feature can be enabled or disabled on a per-visit basis and usage will depend on the payor's rules.
 - g. The **Count Units as a Single Procedure By Default** checkbox is used to treat procedures under Other Services with multiple units as one procedure towards accuracy and total statistics by default. A procedure will need the correct code and unit count to be accurate. Procedures with multiple units will display a checkbox allowing this to be toggled separately for each procedure.
 - h. The **Calculate Diagnosis Accuracy Per-Visit** checkbox is used to calculate diagnosis accuracy using all unique diagnosis codes in the visit instead of calculating each procedure's diagnosis accuracy separately.
8. **Other**
- a. When the **Do not notify me of future updates** checkbox is checked you will not be notified through the

Intelicode software when an update is available.

- b. The **Show IntelliNote Cursor Menu** checkbox is used to display the cursors Menu in IntelliNote for ease of use with touch screen devices.
 - c. When the **Show “What’s New In Intelicode?” Notification** checkbox is checked, a menu item will be shown on the main screen after updating Intelicode. This feature, also available through the Help menu, will display information on recent Intelicode updates.
9. Once you are done with the **Preferences** window click the "X" in the upper right corner. Your **Preferences** will be saved upon exit.

Default Elements

Default Exam Type

Default 2021-2022 Medical Decision Making

Code Selection

Enter Dx Codes by:

Enter Procedure Codes by:

RVU Type

☒ Work ☐ Practice Expense (PE)
☐ Malpractice ☐ Total

Fees

100.00 % Default Conversion Factor

Reporting

☒ Use Visit Summary Filter Criteria for Saved Reports
☐ Default to Quick Print for Reports
☐ Use Absolute values to Calculate Financial Error
☐ Exclude Procedure Only Visits From Visit Accuracy Statistics
☐ Omit Blank History and Exam on 2021+ Office Visit Reports
☐ Include Status in Service Type if Status Changes Codes

Encounter

☒ Require Consult Verification
☐ Order Service and Subservice Alphabetically
☐ Include Other Services in Fees and RVUs
☐ Require MDM by Default
☐ Prefer Time-Based Codes by Default
☐ Count Multiple HPI Elements by Default
☐ Count Units as a Single Procedure By Default
☐ Calculate Diagnosis Accuracy Per-Visit

Other

☐ Do Not Notify Me of Future Updates
☐ Show IntelliNote Cursor Menu
☒ Show “What’s New In Intelicode?” Notification

Default 2021-2022 Medical Decision Making:
 This option determines which type of medical decision making will be used for visits in 2021 and 2022. Starting in 2023, only AMA MDM is appropriate.
 The recommended option follows AMA guidelines and will only use the AMA MDM for Office and Other Outpatient visits. Marshfield MDM will be used for all other services.

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5 Reports and Printing

Intelicode® is best known for its easy to understand reports. Intelicode now gives you the option to customize reports giving your physicians valuable information. Whether printing an Encounter Detail Report or customizing a report, the following sections give easy to follow steps on each report found in Intelicode®.

5.1 Encounter Detail Report

The **Encounter Detail Report** can be printed at the end of the audit from the **Finish** screen or later from Visit Summaries. To print from Visit Summaries, follow these simple steps.

1. Choose **Visit Summaries** from the **Visits** menu at the top of the screen.
2. Choose the criteria you wish to report by (i.e. **Status**, **Service Category**, **Provider**, etc.). Select as many as you deem necessary to achieve the results you are looking for. This will filter the information to suit your needs. In our example below, we chose "**Dr. Farthington**" from the **Provider** list.

Visit Summaries

Date Range By:
☒ Audit Date ☐ Visit Date
 12/13/2011 7/24/2019

Status **Var** **Billed E&M**
 [Dropdown] [Dropdown] [Dropdown]

Provider ☒ Attending ☐ Requesting
 All Providers (Click here to change)
 Carrington MD, Lotta #3
 Farthington MD, Lawrence #6523
 Farwood MD, Elwood #4
 Feelgood MD, Dona #2
 Miller, John #9999
 Wellington MD, Beaumont #5
 Done

Reviewer/Auditor
 [Dropdown]

Clear All Filters

Office/Department(s) to query
 Master Office
 Sample Office

Query Mode
☒ Auto ☐ Manual **Query Now**

Reports
Print Selected
Edit Visit **Close**

Visit ID	Pat. ID	Patient	Visit Dt.	Audit Dt.	Revision Dt.	Stat	DOB	Points	TP
1	776004	Horn, Ralph	04/16/2014	04/17/2014	04/17/2014	Est	09/30/1932	98	
2	4896	Werlington, Wilma	05/08/2014	05/08/2014	05/08/2014	Est	08/30/1952	95	
3	67890	Patient, Six	01/15/2014	01/15/2016	07/17/2019	New		95	
5	34567	Patient, Three	05/01/2014	01/15/2016	01/15/2016	New		95	
6	65465	Courtner, Gerald	05/08/2014	05/08/2014	05/08/2014	Est	03/21/1957	95	
7	814531	Lacey, Mitchell	04/17/2014	04/17/2014	04/17/2014	Est	03/08/1940	98	
8	134	Finestein, Fred	04/18/2014	04/18/2014	04/18/2014	Est	06/30/1959	94	
10	7878	Santos, Miguel	04/16/2014	04/16/2014	04/16/2014	Est	11/15/1967	94	
12	6465	Johnson, James	04/16/2014	04/16/2014	04/16/2014	New	09/29/2004	94	
16	5982	Sullivan, Maria	04/16/2014	04/17/2014	04/17/2014	Est	03/15/1926	99	
17	4896	Werlington, Wilma	05/08/2014	05/08/2014	05/08/2014	Est	08/30/1952	95	
19	4896	Werlington, Wilma	05/08/2014	05/08/2014	05/08/2014	Est	08/30/1952	95	
20	1512	Swartz, Gary	05/01/2014	05/01/2014	05/01/2014	New	02/16/1954	100	
21	707567	Sayre, B.J.	04/16/2014	04/17/2014	04/17/2014	Est	08/11/1980	99	
24	9874	Shore, Sheri	04/16/2014	04/16/2014	04/16/2014	New	04/13/1970	84	
25	156	Singleton, Suzie	05/01/2014	05/01/2014	05/01/2014	Est	08/14/1945	98	
26	849949	Bailey, Bubba	04/17/2014	04/17/2014	04/17/2014	Est	08/29/1960	99	
27	134	Finestein, Fred	04/18/2014	04/18/2014	04/18/2014	Est	06/30/1959	99	
28	57854	Babble, Durcilla	04/16/2014	04/17/2014	04/17/2014	Est	06/26/1972	94	
29	849949	Bailey, Bubba	04/16/2014	04/16/2014	04/16/2014	New	08/29/1960	97	
30	860354	Health, Joan	04/16/2014	04/16/2014	04/16/2014	Est	12/23/1934	94	

Preventive Visits are shown in red. Sick Visits are shown in blue.

Total Visits	Accurately Coded	Under Coded/Billed	Over Coded/Billed	Wrong Category(WC)	Procedure Accuracy	Diagnosis Accuracy
# 59	14 23.73 %	11 18.64 %	4 6.78 %	39 66.1 %	7 85.71 %	4 75 %
Total Billed	Gross Financial Error	Under Billed	Over Billed	Non-Compliant TP (*)	ProvRVU	UserRVU
\$ 2,734.10	37.1 %	\$ 845.79	\$ 168.53	0 0 %	80.99	100.87
					Total Points	
					5,605/5,900	

Patient had a stroke. Patient seemed dazed and confused.
 Injection Documentation (I) - The injection was not documented properly.
 Injection Documentation (R) - Injections should be documented with the following information: name and strength of medication, dose/amount, route (IM, subq, IV, etc.), location (it upper arm, it, buttock, etc.); for medico-legal purposes, log and batch # should also be listed.

Injection Documentation (I)
 Injection Documentation (R)

3. Select a visit by clicking on a row in the grid. (Or select more than one by using the **Ctrl** key or the **Shift** key.)
4. Next, click the **Print Selected** button (located in the lower-left corner of the screen) and choose your Report Options
5. Click **Print** to print the report.
6. See the **Print Options** section of the Report Options help page for more information about how to use the features on this screen.

Report Options

Select A Print Option

☐ Quick Print ☐ Save To Excel
☒ Preview / Print in Word ☐ Save To PDF
☐ Save To Word ☐ Email Report ☒ Display Page Numbers

Sample Office
123 Anywhere Lane
Midwest, IN 46723

Encounter Detail Report

Calculations based on E/M Services

260-555-1212
260-555-1215

Audit Date Range: 08/25/2011 to 08/25/2014

Patient ID: 156	Patient Name: Singleton, Suzie	Sex: F	DOB: 08/14/1945	Visit Date: 03/13/2012	Audit Date: 12/04/2012
Provider: Carrington MD, Lotta		Specialty: Cardiology			
Service Category: Office or Other Outpatient		Sub Category: Follow-Up			
Requester:		Reviewer: Auditor, B			
Fee Schedule:		Conv. Factor: 100%		Status: Est	
Face to Face: 0 Minutes	Counseling: 0 Minutes	Psychotherapy Face to Face: 0 Minutes	Prolonged Face to Face: 0 Minutes		
Provider Code: 99213	Reviewer Code: 99213		Points: 100		
Provider RVU: 0	Reviewer RVU: 0	No Difference: \$0.00		Variance: 0	
Provider Fee: \$0.00	Reviewer Fee: \$0.00				
Provider Code 99213		Reviewer Code 99213			
Provider Diagnosis 1 401.9 - Hypertension, Unspecified		Reviewer Diagnosis 1 401.9 - Hypertension, Unspecified			
Provider Diagnosis 2 427.9 - Cardiac Dysrhythmia, Unspecified		Reviewer Diagnosis 2 427.9 - Cardiac Dysrhythmia, Unspecified			
Provider Proc. Code 1		Reviewer Proc. Code 1 93000 Electrocardiogram, complete			

History

Expanded

Chief Complaint Documented:

History of Present Illness (HPI)

Quality, Severity

Brief

Review of Systems (ROS)

Constitutional Symptoms, Cardiovascular, Respiratory

Extended

Past, Family & Social History (PFSH)

Pertinent

PAST: Current Medications

FAMILY:

SOCIAL:

Examination

Body Areas/Organ Systems (95)

Expanded (95)

Medical Decision

Trailblazer

Moderate Complexity

Risk

MODERATE

Presenting Problem

- 2 or More Stable Chronic Illnesses

Diagnostic Procedures

- Laboratory Tests Requiring Venipuncture
- EKG/EEG

Management Options

- Prescription Drug Management

Encounter Notes

EKG with report found in medical records; however, there was no charge submitted, and it was not signed/initialed

Teaching Physician Documentation



Report generated on 8/25/2014 11:29:23 AM by INTELCODE® Copyright © 2014. TSI. All Rights Reserved

Confidential

Page 1 of 2

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5.2 Report Options

When printing various reports from the Visit Summaries screen, you will be presented with this dialogue. Report Options gives you choices about what report to print, how you choose to have the data listed, how you want to print (or "export") the report, and now, for certain reports, you can even choose which columns you want in the report.

1. Choose **Visit Summaries** from the **Visits** menu at the top of the screen.
2. Choose the criteria you wish to report by (i.e. **Status**, **Service Category**, **Provider**, etc.). Select as many as you deem necessary to achieve the results you are looking for. This will filter the information to suit your needs. In our example below, we chose "**Dr. Farthington**" from the **Provider** list.

Visit Summaries

Date Range By:
☒ Audit Date ☐ Visit Date
 12/13/2011 7/24/2019

Status **Var** **Billed E&M**

Provider ☒ Attending ☐ Requesting
 All Providers (Click here to change)
 Carrington MD, Lotta #3
 Farthington MD, Lawrence #6523
 Farwood MD, Elwood #4
 Feelgood MD, Dona #2
 Miller, John #9999
 Wellington MD, Beaumont #5
 Done

Reviewer/Auditor

Clear All Filters

Office/Department(s) to query
 Master Office
 Sample Office

Query Mode
☒ Auto ☐ Manual **Query Now**

Reports
Print Selected
Edit Visit **Close**

Visit ID	Pat. ID	Patient	Visit Dt.	Audit Dt.	Revision Dt.	Stat	DOB	Points	TP
1	776004	Horn, Ralph	04/16/2014	04/17/2014	04/17/2014	Est	09/30/1932	98	
2	4896	Werlington, Wilma	05/08/2014	05/08/2014	05/08/2014	Est	08/30/1952	95	
3	67890	Patient, Six	01/15/2014	01/15/2016	07/17/2019	New		95	
5	34567	Patient, Three	05/01/2014	01/15/2016	01/15/2016	New		95	
6	65465	Courtner, Gerald	05/08/2014	05/08/2014	05/08/2014	Est	03/21/1957	95	
7	814531	Lacey, Mitchell	04/17/2014	04/17/2014	04/17/2014	Est	03/08/1940	98	
8	134	Finestein, Fred	04/18/2014	04/18/2014	04/18/2014	Est	06/30/1959	94	
10	7878	Santos, Miguel	04/16/2014	04/16/2014	04/16/2014	Est	11/15/1967	94	
12	6465	Johnson, James	04/16/2014	04/16/2014	04/16/2014	New	09/29/2004	94	
16	5982	Sullivan, Maria	04/16/2014	04/17/2014	04/17/2014	Est	03/15/1926	99	
17	4896	Werlington, Wilma	05/08/2014	05/08/2014	05/08/2014	Est	08/30/1952	95	
19	4896	Werlington, Wilma	05/08/2014	05/08/2014	05/08/2014	Est	08/30/1952	95	
20	1512	Swartz, Gary	05/01/2014	05/01/2014	05/01/2014	New	02/16/1954	100	
21	707567	Sayre, B.J.	04/16/2014	04/17/2014	04/17/2014	Est	08/11/1980	99	
24	9874	Shore, Sheri	04/16/2014	04/16/2014	04/16/2014	New	04/13/1970	84	
25	156	Singleton, Suzie	05/01/2014	05/01/2014	05/01/2014	Est	08/14/1945	98	
26	849949	Bailey, Bubba	04/17/2014	04/17/2014	04/17/2014	Est	08/29/1960	99	
27	134	Finestein, Fred	04/18/2014	04/18/2014	04/18/2014	Est	06/30/1959	99	
28	57854	Babble, Durcilla	04/16/2014	04/17/2014	04/17/2014	Est	06/26/1972	94	
29	849949	Bailey, Bubba	04/16/2014	04/16/2014	04/16/2014	New	08/29/1960	97	
30	860354	Health, Joan	04/16/2014	04/16/2014	04/16/2014	Est	12/23/1934	94	

Preventive Visits are shown in red. Sick Visits are shown in blue.

Total Visits	Accurately Coded	Under Coded/Billed	Over Coded/Billed	Wrong Category(WC)	Procedure Accuracy	Diagnosis Accuracy
# 59	14 23.73 %	11 18.64 %	4 6.78 %	39 66.1 %	7 85.71 %	4 75 %
Total Billed	Gross Financial Error	Under Billed	Over Billed	Non-Compliant TP (*)	ProvRVU	UserRVU
\$ 2,734.10	37.1 %	\$ 845.79	\$ 168.53	0 0 %	80.99	100.87
						Total Points
						5,605/5,900

Patient had a stroke. Patient seemed dazed and confused.
 Injection Documentation (I) - The injection was not documented properly.
 Injection Documentation (R) - Injections should be documented with the following information: name and strength of medication, dose/amount, route (IM, subq, IV, etc.), location (if upper arm, it, buttock, etc.); for medico-legal purposes, log and batch # should also be listed.

Injection Documentation (I)
 Injection Documentation (R)

- If you are going to print an **Audit Summary** or a **Custom Provider Accuracy Report**, choose what columns you want available for the report by right-clicking anywhere on the grid and clicking **Select Grid Columns**. For the other reports, the columns are fixed and cannot be changed.
- For the **Audit Summary** and the **Custom Provider Accuracy Report**, you can determine the order in which the columns will appear on the report. To change the position of a column, click on its heading and drag it to the location that you desire. Repeat this procedure with other columns until you have the column order you are looking for.
- Choose which office(s) you want to report on by selecting the appropriate office(s) located in the white box just below

the **Office/Department(s) to query** heading. Select multiple offices by holding down the **Ctrl** key or the **Shift** key.

6. When you have the desired data set in the grid, click on the **Reports** button in the lower-left portion of the screen. The **Report Options** screen will pop up.
7. **Standard Reports:**
 - a. Located in the upper-left portion of the screen, the **Standard Reports** section lists the various standard reports that are available in Intelicode®.
 - b. To select a standard report, click on its title in the box. Notice that there are different options available for different reports. For example, for two of the reports (**Audit Summary** and **Custom Provider Accuracy Report**) you are able to choose which columns are in the report, a feature new to Intelicode®.
 - c. Once you have selected your Standard Report, you can then begin to select your settings for the report.
8. **Available Columns:**
 - a. A list of **Available Columns** can be utilized for the **Audit Summary** and the **Custom Provider Accuracy Report**.
 - b. The columns that are currently selected for the report have a bold, maroon font.
 - c. The columns that are within a gray background are the default columns.
 - d. The columns that have a normal black font are available to add

to the report. Simply click on the column name to add it.

- e. The columns that have a light gray font are not available due to lack of space. You would need to remove a column (or more) from the report to make more room.
- f. The order in which the columns will appear on the report is shown in blue text just below the **Available Columns**. To change the order of the columns, see the instructions above (#4).
- g. To add a column to the report, click on its text. It will now have a bold, maroon font.
- h. To remove a column from the report, click on a column name that has a bold, maroon font. It will be removed from the report. Its text changes to a normal black font.

9. **Column Gauge:**

- a. Notice the long bar just below the **Available Columns** going across much of the page. This is the **Column Gauge**.
- b. The green bar represents how much page space is taken up by the current columns in the report.
- c. The current active columns are shown in order just above the gauge.
- d. As you add or remove columns, the bar lengthens or shortens accordingly, letting you know how much more width is available on the report.

10. **Miscellaneous Columns:**

- a. The Audit Summary and the Custom Provider Accuracy are the only ones with **Available Columns** and each column adds something different.
- b. **Pat ID:** This adds the Patient ID into the Report.
- c. **Visit Dt:** This adds the Visit Date into the Report.
- d. **Stat:** This adds the Status of the Patient into the Report.
- e. **Service Type:** This adds the Service Type of an audit into the Report.
- f. **History:** This adds the History level obtained for an audit in the Report.
- g. **Exam:** This adds the Exam level obtained for an audit in the Report.
- h. **Decision:** This adds the Decision level obtained for an audit in the Report.
- i. **Reviewer Code:** This adds the Reviewer Code achieved in an audit in the Report.
- j. **DC:** This is otherwise known as Determined Code (DC) and shows DC when Medical Necessity was used to alter the Reviewer Code.
- k. **IT:** This is otherwise known as Incident To (IT) and shows either Y or N depending on if IT was met or not in an audit.
- l. **Provider Code:** This adds the Provider Code achieved in an audit in the Report.

- m. **Var:** This adds the Variance, including 0, achieved in an audit in the Report.
- n. **Diff:** This adds the Difference achieved in an audit in the Report.
- o. **Audit Dt:** This adds the Audit Date into the Report.
- p. **Patient:** This adds the Patient Name to the Report.
- q. **Payor:** This adds the Payor to the Report.
- r. **Fee Schedule:** This adds the Fee Schedule to the Report.
- s. **Provider:** This adds the Attending Provider Name to the Report.
- t. **Reviewer:** This adds the Reviewer Name to the Report.
- u. **TP:** This is otherwise known as Teaching Physician (TP) and shows GE, GC, or * depending on how the Teaching Physician Guidelines were answered.
- v. **Resident:** This adds the Resident Name to the Report.
- w. **Specialty:** This adds the Specialty/Subspecialty to the Report.
- x. **Requester:** This adds the Requesting Provider Name to the Report.
- y. **ProviderRVU:** This adds the Provider RVU to the Report.
- z. **UserRVU:** This adds the Reviewer RVU to the Report.
- aa. **DOB:** This adds the Date of Birth to the Report.
- ab. **Diagnosis Total:** This adds the Diagnosis Total number for

each audit in the Report.

- ac. **Diagnosis Accurate:** This adds the Diagnosis Accurate number for each audit in the Report.
- ad. **Office:** This adds the name of the Office in the Report.
- ae. **Points:** This adds the Visit's Audit Points to the Report.

II. **Miscellaneous Options:**

- a. Each report has a different set of miscellaneous options available for output.
- b. The miscellaneous options for a particular report are shown with check boxes toward the top of the screen.
- c. To add or remove a particular item from your report, check the box by clicking on it or on the text itself.
- d. **Diagnosis / Procedure / Modifiers:**
 - i. The **Diagnosis**, **Procedure**, and **Modifiers** options are available only for the **Audit Summary** and the **Custom Provider Accuracy Report**.
 - ii. When the **Procedure** box is checked, the report will list each procedure for each encounter.
 - iii. When the **Diagnosis** box is checked, the report will list each diagnosis for each encounter.
 - iv. When the **Modifiers** box is checked, even if the **Procedure** box is not checked, each modifier will be shown with its corresponding procedure.

- e. **With Notes:** This option, if enabled, simply designates whether or not the notes will be present on the report.
- f. **By Provider:** This option, if enabled, sorts the encounters **By Provider** in alphabetical order. The Provider is shown on the report in a large heading prior to the encounter pertaining to that provider.
- g. **With Graph:** This option, if enabled, will place in the report a graph of the current data.
- h. **Work RVU Totals:** This option, if enabled, will place the Totals of the Work RVUs in the Summary of the Report.
- i. **Audit Point Totals:** This option, if enabled, will place the Totals of the Points achieved in the Summary of the Report.
- j. **1 Signature Line:** This option, if enabled, will place one (1) Signature Line at the end of the Report.
- k. **2 Signature Lines:** This option, if enabled, will place two (2) Signature Lines at the end of the Report.
- l. **Work RVUs:** This option, if enabled, puts in the total Provider and Reviewer (User) RVUs into the Report inside the Summary for each Provider.
- m. **Audit Points -** This option, if enabled, puts in the total Points for each Provider into the Report inside the Summary for each Provider.
- n. **Diffs:** This option, if enabled, will place a Diff column in the Report and will also give a total at the end of the Report.
- o. **Show Attached Documentation:** This is only on the Audit

Summary report and will allow all visits with documents attached via IntelliNote to show. For info about IntelliNote see [IntelliNote](#).

- p. **Sort By Procedures:** Sort visits based on the E&M codes and codes entered under Other Services.
- q. **Procedure and Diagnosis Totals:** Include procedure and diagnosis totals and accuracy on the Audit Summary report.
- r. **Additional Statistics:** Include E/M accuracy and allow additional options on the Custom Provider Accuracy report.
- s. **Modifier Statistics:** Include Modifier accuracy and totals on the Report.

12. Office Information:

- a. This section is located on the right side of the screen, almost midway down the page.
- b. Here you can set various general information (i.e. **Office Name, Address, Phone Number**, etc.) about your office.
- c. This information will appear in the header of the first page of every report.
- d. The information will be as you left it each time you enter the **Report Options** screen.

13. Summary Comments:

- a. If you would like to make some summarizing comments that will appear toward the end of your report, type your comments in the white box just below the **Summary**

Comments heading.

- b. If there are comments that you would like to show repeatedly on a report, you save a report layout by clicking on the **Save Report Layout** button in the **Print Options** section below. The comments that are in the box at the time you saved the report layout will appear every time you use that report layout.

14. **Print Options:**

- a. The **Print Options** section is at the bottom of the **Report Options** page. This is the same selection tool as the **Print Options** window that comes up when running reports from other screens.
- b. **Select a Print Option:**
 - i. **Select a Print Option** by clicking on the circle next to the option you prefer, or you can click on the text itself. Only one option can be active at a time.
 - ii. If you do not have Microsoft Word installed on your machine, the **Send To Word**, **Send to PDF**, and **Email Report** options are disabled and cannot be used. The same is true for the **Send To Excel** option if you do not have Microsoft Excel installed on your machine.
 - iii. When the **Preview in Word** option is selected and the **Print** button is clicked, the application associated to open a .docx file will start and open your report. Once open you can edit, print, save from your application, if available. At any time you can return to the **Report**

Options screen. **Preview in Word** is the default setting.

- iv. When the **Quick Print** option is selected and the **Print** button is clicked, a single copy of the report will be printed to your default printer.(requires an application to be associated for a .docx file to be able to print)
 - v. When the **Send To Excel** option is selected and the **Print** button is clicked, the report is sent to a Microsoft Excel file and you are then given the opportunity to name the file and save it to the location of your choice.
 - vi. When the **Send To Word** option is selected and the **Print** button is clicked, the report is sent to a Microsoft Word file and you are then given the opportunity to name the file and save it to the location of your choice.
 - vii. When the **Send To PDF** option is selected and the **Print** button is clicked, the report is sent to an Acrobat PDF file and you are then given the opportunity to name the file and save it to the location of your choice.
 - viii. When the **Email Report** option is selected and the **Print** button is clicked, a new email is brought up with your report file attached to the email.
 - ix. Click Print to print the report. This will also print any documents you have attached via IntelliNote. If you have questions about IntelliNote see [IntelliNote](#).
- c. If the layout of the current report and the filters from visit summaries screen is something that you would like to use

again, click on the **Saved Report Layout** button. Type a significant name and click **OK**.

- d. When you are finished with the **Report Options** screen, click the **Close** button.

Report Options

Standard Reports

- Audit Summary
- Issues & Recommendations
- Diagnosis & Procedures
- Provider Summary
- Provider Net Fee Totals
- Billed Code Totals
- Provider Accuracy Report
- Custom Provider Accuracy Report
- Productivity Report

Saved Report Formats

☒ Use Current Visit Summaries Filter Criteria

Available Columns

- Pat. ID
- Visit Dt.
- Stat
- Service Type
- History
- Exam
- Decision
- Reviewer Code
- DC
- IT
- Provider Code
- Var
- Diff

Report Options

☐ Procedure ☐ Diagnosis ☐ Modifiers ☐ With Notes ☐ By Provider ☐ By Office

☐ Work RVU Totals ☐ Audit Point Totals ☐ Audit Points ☐ Show Attached Documentation

☐ Sort By Procedures ☐ Procedure and Diagnosis Totals ☐ Modifier Statistics

Office Information

Office Name: Sample Office Phone Number: 260-555-1215

Address: 123 Anywhere Lane Fax Number: 260-555-1215

City: Midwest State: IN Zip: 46723

Pat. ID | Visit Dt. | Stat | History | Exam | Decision | Service Type | Prov. Code | Rev. Code | Var | Diff | DC | IT

Summary Comments Reorder Columns...

Select A Print Option

☐ Quick Print ☐ Save To Excel ☐ Save To PDF

☒ Preview / Print in Word ☐ Save To Word ☐ Email Report

Print Save Report Layout... Close

☒ Display Page Numbers

To customize a report choose a report from the "Standard Reports" list. The "Available Columns" will show all of the available data columns from Visit Summaries. The default report fields are represented by the "shaded" items. The bold maroon items are columns that are selected. You can pick and choose the items from the "Available Columns" to tailor the report for your needs. You will notice the columns appear below along with a progress bar which shows the available space left on the report. When you run out of room the available columns will be greyed out and will not be able to be selected until something else is unchecked. Once you

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5.3 Audit Summary

- I. Choose **Visit Summaries** from the **Visits** menu at the top of the screen.

2. Choose the criteria you wish to report by (i.e. **Status**, **Service Category**, **Provider**, etc.). Select as many as you deem necessary to achieve the results you are looking for. This will filter the information to suit your needs.
3. Click the **Reports** button located in the lower-left portion of the screen. The **Report Options** screen pops up. **Audit Summary** is selected by default.
4. If the format for your **Audit Summary** was saved as a **Report Format**, select the name of the desired **Saved Report Format** by clicking on the name located in the white box below the **Saved Report Formats** heading in the lower-left portion of the screen.
5. Choose the desired columns and options you would like for your **Audit Summary**. See the Report Options help page for more information on how to format your report.
6. When you have the desired format, **Select a Print Option** and click **Print**.

Sample Office
123 Anywhere Lane
Midwest, IN 46723

Audit Summary Report
Calculations based on E/M Services

260-555-1212
260-555-1215

Carrington MD, Lotta Visit Date Range: 08/25/2011 to 08/25/2014

Patient ID	Visit Dt.	Stat	Service Category	Sub Category	History	Exam	Decision	Prov Code	Rev Code	Var	Diff	DC	IT
156	3/13/2012	Est	Office or Other Outpatient	Follow-Up	Expanded	Expanded (95)	Moderate	99213	99213	0	\$0.00	N	
EKG with report found in medical records; however, there was no charge submitted, and it was not signed/initialed													
134	11/24/2012	Est	Office or Other Outpatient	Follow-Up	Detailed	Detailed (95)	Straightforward	99213	99214	-1	(\$30.00)	N	
8945	9/17/2012	Est	Preventive Medicine Services	Periodic Comprehensive		Comprehensive (95)	Straightforward	99395	99395	0	\$0.00	N	
: coded preventive medicine services													
7896	10/20/2012	New	Hospital Inpatient Services	Initial Hospital Care	Comprehensive	Comprehensive (95)	High	99223	99223	0	\$0.00	N	
<ul style="list-style-type: none"> • Diagnosis Variation (I): The documentation for this encounter reflects a diagnosis coding variation from what was listed on the HCFA 1500 or superbill. • Diagnosis Variation (R): Diagnosis coding errors may cause claims processing delays or denials, as well as leaving the provider and/or practice open to potential false claims allegations. Accurately assigning diagnosis codes provides justification for services performed (medical necessity), and decreases resubmitting claims. CPT and Diagnosis (ICD9) coding should be reviewed prior to charge entry by qualified individuals, to ensure coding accuracy and compliance. 													
135	8/2/2012	New	Consultations	Office Consultations	Detailed	Detailed (95)	Moderate	99244	99243	1	\$35.00	N	
<ul style="list-style-type: none"> • Assessment (I): The assessment is not clearly stated for this encounter. Documentation Guidelines states "The documentation for each patient encounter should include: ... assessment, clinical impression or diagnosis ..." • Assessment (R): The assessment should be clearly documented for each encounter. Since each note must "stand alone", it is imperative to accurately document the most specific diagnosis in the assessment / impression section of the note. • Documented Lower Level (I): The documentation substantiates a lower level of service than charged. 													

Summary Comments:

Total Visits	Accurately Coded*	Under Coded/Billed*	Over Coded/Billed(+)*	Wrong Category (WC)*	Financial Error (%)
5	3 60%	1 20%	1 20%	0 0%	17.33%
\$375.00		\$30.00	\$35.00		

*Combined number of Accurately, Under, Over, and WC can exceed number of Total Visits. WC may also be counted as Under or Over Coded.

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5.4 Issues and Recommendations

1. Choose **Visit Summaries** from the **Visits** menu at the top of the screen.
2. Choose the criteria you wish to report by (i.e. **Status, Service Category, Provider**, etc.). Select as many as you deem necessary to achieve the results you are looking for. This will filter the information to suit your needs.

3. Click the **Reports** button located in the lower-left portion of the screen. The **Report Options** screen pops up.
4. If the format for your **Issues and Recommendations** report was saved as a **Report Format**, select the name of the desired **Saved Report Format** by clicking on the name located in the white box below the **Saved Report Formats** heading in the lower-left portion of the screen.
5. Otherwise, click on **Issues & Recommendations** under **Standard Reports** in the upper-left portion of the screen. This report is the only report that is based off of the **Note Macros** in the visit, not the ones you can edit on the left side of the screen in the visits.
6. The **Issues and Recommendations** report is static. The only **Report Options** you can change are the Office Name, Address, and Phone Number information that appears in the report heading. See the Report Options help page for more information on how to format your report.
7. When you have the desired format, **Select a Print Option** and click **Print**.

Sample Office
123 Anywhere Lane
Midwest, IN 46723

Issues & Recommendations Report

Calculations based on Total Services

260-555-1215
260-555-1215

Visit Date Range: 01/01/2014 to 04/16/2014
Reviewer: Auditor A
Provider: Miller, John
Number of Reports Audited: 4
Comments:

Records Accurately Coded	1	25%
Records Over Coded	1	25%
Records Under Coded	2	50%
Records Wrong Category(WC)	1	25%
Procedure Accuracy	2	100%
Diagnosis Accuracy	2	100%
Gross Financial Error		18.02%
Audit Points	393/400	98.25%

Document and Coding Issues

1 Encounter(s) had the Issues of: *Injection Documentation (I)*

The injection was not documented properly.

1 Encounter(s) had the Issues of: *Diagnosis Variation (I)*

The documentation for this encounter reflects a diagnosis coding variation from what was listed on the HCFA 1500 or superbill.

Recommendations

Injection Documentation (R)

Injections should be documented with the following information: name and strength of medication, dose/amount, route (IM, subq, IV, etc.), location (rt upper arm, lt, buttock, etc.); for medico-legal purposes, lot and batch # should also be listed.



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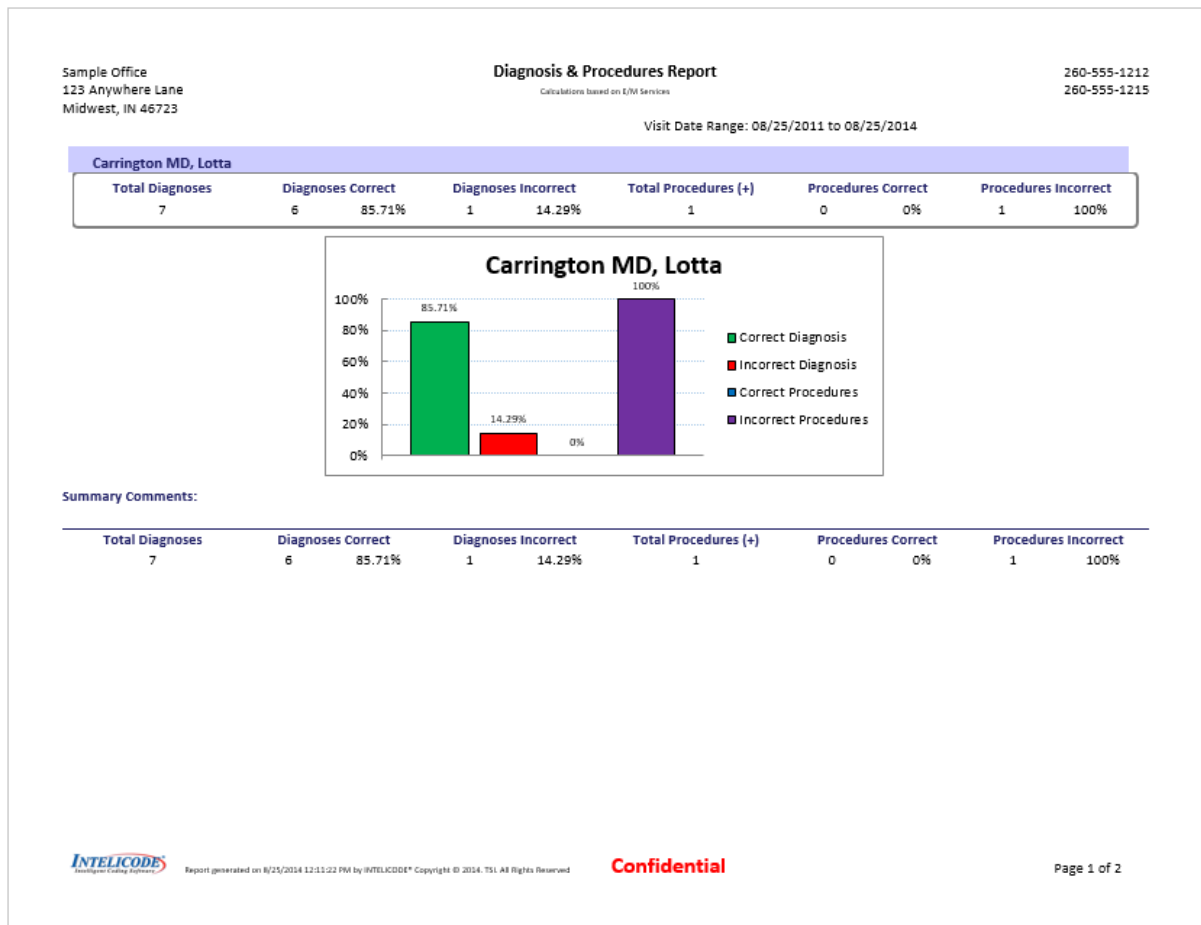
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5.5 Diagnosis and Procedures

1. Choose **Visit Summaries** from the **Visits** menu at the top of the screen.
2. Choose the criteria you wish to report by (i.e. **Status, Service Category, Provider**, etc.). Select as many as you deem necessary to achieve the results you are looking for. This will filter the information to suit your needs.
3. Click the **Reports** button located in the lower-left portion of the screen. The **Report Options** screen pops up.
4. If the format for your **Diagnosis and Procedures** report was saved as a **Report Format**, select the name of the desired **Saved Report Format** by clicking on the name located in the white box below the **Saved Report Formats** heading in the lower-left portion of the screen.
5. Otherwise, click on **Diagnosis & Procedures** under **Standard Reports** in the upper-left portion of the screen.
6. If you want graphs on your report, check the box near the top of the screen for the **With Graph** option by clicking on the box or on the text itself.
7. Change the Office Name, Address, and Phone Number information, if needed. See the Report Options help page for more information on how to format your report.
8. When you have the desired format, **Select a Print Option** and

click **Print**.



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5.6 Provider Summary

1. Choose **Visit Summaries** from the **Visits** menu at the top of the screen.
2. Choose the criteria you wish to report by (i.e. **Status**, **Service Category**, **Provider**, etc.). Select as many as you deem necessary to achieve the results you are looking for. This will

filter the information to suit your needs.

3. Click the **Reports** button located in the lower-left portion of the screen. The **Report Options** screen pops up.
4. If the format for your **Provider Summary** was saved as a **Report Format**, select the name of the desired **Saved Report Format** by clicking on the name located in the white box below the **Saved Report Formats** heading in the lower-left portion of the screen.
5. Otherwise, click on **Provider Summary** under **Standard Reports** in the upper-left portion of the screen.
6. The **Provider Summary** is static. The only **Report Options** you can change are the Office Name, Address, and Phone Number information that appears in the report heading. See the Report Options help page for more information on how to format your report.
7. When you have the desired format, **Select a Print Option** and click **Print**.

Sample Office
123 Anywhere Lane
Midwest, IN 46723

Provider Summary Report

Calculations based on E/M Services

260-555-1212
260-555-1215

Visit Date Range: 08/25/2011 to 08/25/2014

Patient ID	Visit Dt.	Patient	Rev Code	DC	TP	IT	Prov Code	Var	ProvRVU	UserRVU	Points
Carrington MD, Lotta											
156	3/13/2012	Singleton, Suzie	99213			N	99213	0	0	0	100
134	11/24/2012	Finestein, Fred	99214			N	99213	-1	0	0	96
8945	9/17/2012	Silverton, Denise	99395			N	99395	0	0	0	100
7896	10/20/2012	Jumpup, Johnny	99223			N	99223	0	0	0	100
135	8/2/2012	Swizzle, Cindy	99243			N	99244	1	0	0	96
Total Visits	Accurately Coded*	Under Coded/Billed*	Over Coded/Billed(+)*		Wrong Category (WC)*						
5	3	60%	1	20%	1	20%	0	0%			
Total Diagnoses	Diagnoses Correct	Diagnoses Incorrect	Total Procedures (+)		Procedures Correct		Procedures Incorrect				
7	6	85.71%	1	14.29%	1	0	0%	1	100%		

*Combined number of Accurately, Under, Over, and WC can exceed number of Total Visits. WC may also be counted as Under or Over Coded.



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5.7 Provider Net Fee Totals

1. Choose **Visit Summaries** from the **Visits** menu at the top of the screen.
2. Choose the criteria you wish to report by (i.e. **Status, Service Category, Provider**, etc.). Select as many as you deem necessary to achieve the results you are looking for. This will filter the information to suit your needs.
3. Click the **Reports** button located in the lower-left portion of the screen. The **Report Options** screen pops up.
4. If the format for your **Provider Net Fee Totals** report was saved as a **Report Format**, select the name of the desired **Saved Report Format** by clicking on the name located in the white box below the **Saved Report Formats** heading in the lower-left portion of the screen.
5. Otherwise, click on **Provider Net Fee Totals** under **Standard Reports** in the upper-left portion of the screen.
6. If you want a graph on your report, check the box near the top of the screen for the **With Graph** option by clicking on the box or on the text itself.
7. Change the Office Name, Address, and Phone Number information, if needed. See the Report Options help page for more information on how to format your report.
8. When you have the desired format, **Select a Print Option** and

click **Print**.

Sample Office
123 Anywhere Lane
Midwest, IN 46723

Provider Net Fee Totals Report

Calculations based on E/M Services

260-555-1212
260-555-1215

Visit Date Range: 08/25/2011 to 08/25/2014

Patient ID	Patient	Visit Date	Service Type	Service Subcategory	Rev Code	DC	IT	TP	Prov Code	Var	Diff
Carrington MD, Lotta											
156	Singleton, Suzie	3/13/2012	Office or Other Outpatient	Follow-Up	99213		N		99213	0	\$0.00
134	Finestein, Fred	11/24/2012	Office or Other Outpatient	Follow-Up	99214		N		99213	-1	(\$30.00)
8945	Silverton, Denise	9/17/2012	Preventive Medicine Services	Periodic Comprehensive	99395		N		99395	0	\$0.00
7896	Jumpup, Johnny	10/20/2012	Hospital Inpatient Services	Initial Hospital Care	99223		N		99223	0	\$0.00
135	Swizzle, Cindy	8/2/2012	Consultations	Office Consultations	99243		N		99244	1	\$35.00
											\$5.00

Total: \$5.00

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5.8 Billed Code Totals

1. Choose **Visit Summaries** from the **Visits** menu at the top of the screen.
2. Choose the criteria you wish to report by (i.e. **Status**, **Service Category**, **Provider**, etc.). Select as many as you deem necessary to achieve the results you are looking for. This will

filter the information to suit your needs.

3. Click the **Reports** button located in the lower-left portion of the screen. The **Report Options** screen pops up.
4. If the format for your **Billed Code Totals** report was saved as a **Report Format**, select the name of the desired **Saved Report Format** by clicking on the name located in the white box below the **Saved Report Formats** heading in the lower-left portion of the screen.
5. Otherwise, click on **Billed Code Totals** under **Standard Reports** in the upper-left portion of the screen.
6. If you want a graph on your report, check the box near the top of the screen for the **With Graph** option by clicking on the box or on the text itself.
7. Change the Office Name, Address, and Phone Number information, if needed. See the Report Options help page for more information on how to format your report.
8. When you have the desired format, **Select a Print Option** and click **Print**.

Sample Office
123 Anywhere Lane
Midwest, IN 46723

Carrington MD, Lotta

Billed Code Totals Report

Calculations based on E/M Services

260-555-1212
260-555-1215

Visit Date Range: 08/25/2011 to 08/25/2014

Patient ID	Patient	Visit Date	Rev Code	Prov Code	Difference	Count
156	Singleton, Suzie	3/13/2012	99213	99213	\$0.00	
134	Finestein, Fred	11/24/2012	99214	99213	(\$30.00)	
			Totals for Code:	99213	(\$30.00)	2
7896	Jumpup, Johnny	10/20/2012	99223	99223	\$0.00	
			Totals for Code:	99223	\$0.00	1
135	Swizzle, Cindy	8/2/2012	99243	99244	\$35.00	
			Totals for Code:	99244	\$35.00	1
8945	Silverton, Denise	9/17/2012	99395	99395	\$0.00	
			Totals for Code:	99395	\$0.00	1

Totals for all codes: \$5.00

Summary Comments:



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5.9 Provider Accuracy Report

1. Choose **Visit Summaries** from the **Visits** menu at the top of the screen.
2. Choose the criteria you wish to report by (i.e. **Status, Service Category, Provider**, etc.). Select as many as you deem necessary to achieve the results you are looking for. This will filter the information to suit your needs.
3. Click the **Reports** button located in the lower-left portion of the screen. The **Report Options** screen pops up.
4. If the format for your **Provider Accuracy Report** was saved as a **Report Format**, select the name of the desired **Saved Report Format** by clicking on the name located in the white box below the **Saved Report Formats** heading in the lower-left portion of the screen.
5. Otherwise, click on **Provider Accuracy Report** under **Standard Reports** in the upper-left portion of the screen.
6. The **Provider Accuracy Report** is static. The only **Report Options** you can change are the Office Name, Address, and Phone Number information that appears in the report heading. See the Report Options help page for more information on how to format your report.
7. When you have the desired format, **Select a Print Option** and click **Print**.

Sample Office
123 Anywhere Lane
Midwest, IN 46723

Provider Accuracy Report

Calculations based on E/M Services

260-555-1212
260-555-1215

Visit Date Range: 08/25/2011 to 08/25/2014

Patient ID	Visit Dt.	Patient	Rev Code	DC	TP	IT	Prov Code	Var	ProvRVU	UserRVU	Points
Carrington MD, Lotta											
156	3/13/2012	Singleton, Suzie	99213			N	99213	0	0	0	100
134	11/24/2012	Finestein, Fred	99214			N	99213	-1	0	0	96
8945	9/17/2012	Silverton, Denise	99395			N	99395	0	0	0	100
7896	10/20/2012	Jumpup, Johnny	99223			N	99223	0	0	0	100
135	8/2/2012	Swizzle, Cindy	99243			N	99244	1	0	0	96
Total Visits: 5		Accurately Coded: 3	60%	Provider RVUs: 0		User RVUs: 0		Points: 492 / 500 (98.4%)			



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5.10 Custom Provider Accuracy Report

1. Choose **Visit Summaries** from the **Visits** menu at the top of the screen.
2. Choose the criteria you wish to report by (i.e. **Status, Service Category, Provider**, etc.). Select as many as you deem necessary to achieve the results you are looking for. This will filter the information to suit your needs.
3. Click the **Reports** button located in the lower-left portion of the screen. The **Report Options** screen pops up.
4. If the format for your **Custom Provider Accuracy Report** was saved as a **Report Format**, select the name of the desired **Saved Report Format** by clicking on the name located in the white box below the **Saved Report Formats** heading in the lower-left portion of the screen.
5. Otherwise, click on **Custom Provider Accuracy Report** under **Standard Reports** in the upper-left portion of the screen.
6. Choose the options you would like for your **Custom Provider Accuracy Report**. See the Report Options help page for more information on how to format your report.
7. When you have the desired format, **Select a Print Option** and click **Print**.

Sample Office
123 Anywhere Lane
Midwest, IN 46723

Custom Provider Accuracy Report
Calculators based on E/M Services


260-555-1212
260-555-1215

Visit Date Range: 08/25/2011 to 08/25/2014

Patient ID	Visit Dt.	Patient	Prov Code	Rev Code	Diagnoses Correct	Diagnoses Incorrect	Procedures Correct	Procedures Incorrect
Carrington MD, Lotta								
156	3/13/2012	Singleton, Suzie	99213	99213	2	100%	0	0%
			Provider Code	99213	Reviewer Code		99213	
			Provider Procedure Code 1		Reviewer Procedure Code 1		93000 Electrocardiogram, complete	
134	11/24/2012	Finestein, Fred	99213	99214	1	100%	0	0%
			Provider Code	99213	Reviewer Code		99214	
8945	9/17/2012	Silverton, Denise	99395	99395	0	0%	0	0%
			Provider Code	99395	Reviewer Code		99395	
7896	10/20/2012	Jumpup, Johnny	99223	99223	1	50%	1	50%
			Provider Code	99223	Reviewer Code		99223	
135	8/2/2012	Swizzle, Cindy	99244	99243	2	100%	0	0%
			Provider Code	99244	Reviewer Code		99243	
Total Diagnoses		Diagnoses Correct	Diagnoses Incorrect	Total Procedures (+)		Procedures Correct	Procedures Incorrect	
7		6	85.71%	1		0	0%	1
			14.29%					100%

Summary Comments:

Total Diagnoses	Diagnoses Correct	Diagnoses Incorrect	Total Procedures (+)	Procedures Correct	Procedures Incorrect
7	6	1	1	0	1
	85.71%	14.29%		0%	100%


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5.11 Management Reports

The **Management Reports** are printouts of the management data that is maintained under various tables under the **Management** menu. Follow the steps below for any type of **Management Report**

- I. Click on the **Management** menu at the top of the screen.

2. Select the type of data you would like to run a report on by clicking on it. The **Management** screen opens showing the data for the report you selected on the right side of the screen.

The screenshot shows the 'Management' window with a sidebar menu on the left and a main area titled 'Patients'. The sidebar menu includes: Patient, Attending Provider, Requesting Provider, Resident, Fee Schedule, Note Macros, Modifiers, Specialty, Risk Elements, and Payor. The main area contains a form for patient details and a table of patients.

Patient Details Form:

- Patient ID:** 123
- Last Name:** Public
- First Name:** John
- Gender:** ☒ Male, ☐ Female, ☐ Other, ☐ Unknown
- D.O.B.:** 01/06/1963

Buttons: Save, Delete, Print Report, Close, Send To Another Office, Copy From Another Office, Import From File, Export To File.

Search: Patient ID, First Name, Last Name

Table of Patients:

Patient ID	Last Name	First Name	Date of Birth	Gender
123	Public	John	01/06/1963	Male
12345	Patient	One		Unknown
1308886	Armstrong	Denise	02/28/1952	Female
134	Finestein	Fred	06/30/1959	Male
135	Swizzle	Cindy	03/22/1971	Female
1512	Swartz	Gary	02/16/1954	Male
156	Singleton	Suzie	08/14/1945	Female
167	Bebbee	Betty	07/27/1952	Female
1719	Henry	George	06/09/2006	Male
23456	Patient	Two		Other
234567			02/07/1949	Male
321	Carlins	George	01/02/1934	Male
3223	Finkleman	Henry	09/09/1929	Male
34567	Patient	Three		Male
345678			06/03/1954	Female
3942	Greenfield	Joanne	06/23/1952	Female
456				Male
45678	Patient	Four		Male
456789			12/31/1925	Female

- To change the type of report, click on the title on the menu on the left side of the **Management** screen.
- To sort the data in the order you desire for your report, click on the column heading at the top of the top of the table in the lower-left portion of the screen.
- To print a report, click on the **Print Report** button in the first column of buttons in the upper-right portion of the screen. The **Print Options** window will pop up.

The 'Report Options' window shows the following options:

- Select A Print Option:**
 - ☐ Quick Print
 - ☒ Preview / Print in Word
 - ☐ Save To Word
 - ☐ Save To Excel
 - ☐ Save To PDF
 - ☐ Email Report
- Buttons:** Print, Close
- ☒ Display Page Numbers

- Select the option by which you would like to run your report by

clicking on the circle next to the preferred option or by clicking on the text itself.

7. Click the **Print** button. Your report will run in the method in which you chose.

Sample Office
123 Anywhere Lane
Midwest, IN 46723

Patient Report

260-555-1212
260-555-1215

Patient ID	Patient Name	Date of Birth	Gender
849949	Bailey, Fred	8/29/1924	Male
65432	Dooley, Jamison	7/15/1943	Male
1719	Henry, Georgeann	6/9/2006	Male
4896	Werlington, Wilma	8/30/1952	Female
639149	Reither, Esther	10/31/1954	Female
57854	Babble, Durcilla	6/26/1972	Female
3942	Greenfield, Joanne	6/23/1952	Female
669979	Sayre, Hank	2/9/1949	Male
636350	Horn, Ralph	9/30/1932	Male
1512	Swartz, Gary	2/16/1954	Male
672737	Sund, Eric	3/21/1929	Male
641748	Bailey, Fred	8/29/1924	Male
803615	Sayre, Hank	2/9/1949	Male
5982	Sullivan, Maria	3/15/1926	Female
167	Bebee, Betty	7/27/1952	Female
707567	Sayre, Hank	2/9/1949	Male
8945	Silverton, Denise	1/24/1968	Female
7896	Jumpup, Johnny	5/21/1961	Male
6465	Johnson, James		Male
608353	Hennin, Mark	2/6/1937	Male
861127	Sayre, Hank	2/9/1949	Male
842506	Reither, Esther	10/31/1954	Female
860354	Health, Joan	12/23/1934	Female
633369	Kalb, Carrie	1/15/1943	Female
7878	Santos, Miguel	11/15/1967	Male
156	Singleton, Suzie	8/14/1945	Female
878	Bodine, Gerald	2/25/1921	Male
814531	Lacey, Mitchell	3/8/1940	Male
801077	Hennin, Mark	2/6/1937	Male
615547	Lacey, Mitchell	3/8/1940	Male
321	Carlins, George	1/2/1934	Male
739321	Reither, Esther	10/31/1954	Female
641629	Reither, Esther	10/31/1954	Female
776004	Horn, Ralph	9/30/1932	Male
1308886	Armstrong, Denise	1/1/1952	Female
5544	Hollywell, Holly	6/5/1968	Female
134	Finestein, Fred	6/30/1959	Male
708519	Hennin, Mark	2/6/1937	Male
135	Swizzle, Cindy	3/22/1971	Female
123	Public, John	1/5/1963	Female
6236	Millford, Millie	9/27/1933	Female
707652	Sund, Eric	3/21/1929	Male
65465	Courtner, Gerald	3/21/1957	Male
718831	Lacey, Mitchell	3/8/1940	Male
3223	Finkleman, Henry	9/9/1929	Male
757286	Bailey, Fred	8/29/1924	Male
847892	Health, Joan	12/23/1934	Female
796023	Herritt, Tim	2/12/1947	Male

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5.12 Productivity Report

1. Choose **Visit Summaries** from the **Visits** menu at the top of the screen.
2. Choose the criteria you wish to report by (i.e. **Status, Service Category, Provider**, etc.). Select as many as you deem necessary to achieve the results you are looking for. This will filter the information to suit your needs.
3. Click the **Reports** button located in the lower-left portion of the screen. The **Report Options** screen pops up.
4. If the format for your **Productivity Report** was saved as a **Report Format**, select the name of the desired **Saved Report Format** by clicking on the name located in the white box below the **Saved Report Formats** heading in the lower-left portion of the screen.
5. Otherwise, click on **Productivity Report** under **Standard Reports** in the upper-left portion of the screen.
6. Choose the options you would like for your **Productivity Report**. See the Report Options help page for more information on how to format your report.
7. When you have the desired format, **Select a Print Option** and click **Print**.

Sample Office
123 Anywhere Lane
Midwest, IN 46723

Productivity Report

Calculations based on Total Services
Procedure Only visits are excluded from visit accuracy statistics

260-555-1215
260-555-1215

By Reviewer

Audit Date Range: 05/29/2000 to 11/28/2022

Visit Dt.	Revision Dt.	Patient ID	Audit Dt.	Provider	Reviewer	Office
3/16/2021	11/8/2021	6236	7/17/2021	Farwood MD, Elwood	Auditor, A	Sample Office
3/16/2021	11/8/2021	847892	6/18/2021	Wellington MD, Beaumont	Auditor, A	Sample Office
3/17/2021	11/8/2021	1719	7/1/2021	Parthington MD, Lawrence	Auditor, A	Sample Office
3/17/2021	11/8/2021	7896	6/18/2021	Wellington MD, Beaumont	Auditor, A	Sample Office
3/14/2021	11/8/2021	5982	3/19/2021	Farwood MD, Elwood	Auditor, A	Sample Office
2/5/2021	11/8/2021	1308886	2/5/2021	Farwood MD, Elwood	Auditor, A	Sample Office
3/16/2021	11/8/2021	776004	6/30/2021	Miller, John	Auditor, A	Sample Office
1/1/2023	11/23/2022	123	11/23/2022		Auditor, A	Sample Office

Total Visits	Accurately Coded*	Under Coded/Billed*	Over Coded/Billed(+)*	Wrong Category (WC)*	Gross Financial Error
61	29 47.54%	12 19.67%	8 13.11%	15 24.59%	14.99%
\$3,764.39	\$319.63	\$244.61	\$319.63	Provider RVUs 55.03 User RVUs 56.10	Points 6,100 / 6,100
Total Diagnoses	Diagnoses Correct	Diagnoses Incorrect	Total Procedures (+)	Procedures Correct	Procedures Incorrect
10	3 30%	7 70%	11	8 72.73%	3 27.27%

Auditor, B

3/16/2021	11/28/2022	860354	6/22/2019	Feelgood MD, Dona	Auditor, B	Sample Office
2/14/2021	11/28/2022	134	2/14/2020		Auditor, B	Sample Office
5/8/2021	11/28/2022	4896	7/10/2021	Miller, John	Auditor, B	Sample Office

Total Visits	Accurately Coded*	Under Coded/Billed*	Over Coded/Billed(+)*	Wrong Category (WC)*	Gross Financial Error
3	1 33.33%	1 33.33%	1 33.33%	1 33.33%	0%
\$0.00	\$86.24	\$0.00	\$86.24	Provider RVUs 0 User RVUs 1.25	Points 300 / 300
Total Diagnoses	Diagnoses Correct	Diagnoses Incorrect	Total Procedures (+)	Procedures Correct	Procedures Incorrect
1	1 100%	0 0%	0	0 0%	0 0%

Summary Comments:



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6 Management

Even though you can add items on the fly in Intelicode®, you can also enter them before you begin auditing. The following sections will instruct you how to enter data prior to using Intelicode®, while using Intelicode® and even when switching from office to office. Learn how to use each button shown on the management screens. Learn which screens allow you customize certain features in Intelicode®.

6.1 Patient

1. Add a Patient:

- a. Click on the text box just below the **Patient ID** heading.
- b. Type in the Patient ID.
- c. Press the **Tab** key and type in the **Last Name** of the patient.
- d. Press the **Tab** key and type in the **First Name** of the patient.
- e. Enter the patient's **Gender** by clicking on **Male, Female, Other** or **Unknown**.
- f. Enter the patient's **Date of Birth (D.O.B.)** by typing in the MM/DD/YYYY format, or you can also enter it by clicking on the drop down arrow on the right side of the text box just beneath the **D.O.B.** heading. Select the date from the calendar display.
- g. Save the new patient by clicking on the **Save** button.

2. Select Records:

- a. To select one record, click anywhere on the patient's row in the table.
- b. To select multiple records that are contiguous within the current table display, click on the first record, then hold down the **Shift** key, and select the last record in the range.
- c. To select multiple records that are not contiguous within the current table display, click on the first record, then hold down the **Ctrl** key while selecting the other records that you want selected.

3. Delete Patients:

- a. Select the patient record(s) you wish to delete.
- b. Click the **Delete** button.
- c. Click **Yes** to confirm the delete.

4. Edit a Patient:

- a. Select the patient record you wish to edit by clicking anywhere on the patient's row in the table.
- b. To change the data, click on the text box corresponding to the field that needs to be changed, then change the text as needed.
- c. To edit the **D.O.B.**, simply click on the text box and type it in in the MM/DD/YYYY format, or you can also edit it by clicking on the drop down arrow on the right side of the text box just beneath the **D.O.B.** heading. Select the date from the calendar display.

d. Save your changes by clicking on the **Save** button.

5. Print a Report: See the Management Reports help page for instructions on how to print a report.

6. Search:

- a. Choose the field that you would like to search on by clicking on the preferred field name just above the long text box next to the **Search:** heading.
- b. Next, click on that long text box and begin typing your search. Intelicode® begins selecting records as you type.

7. Send to Another Office:

- a. Select the patient record(s) that you want to be sent (copied) to the **Patient** table in another office(s).
- b. Click the **Send to Another Office** button. The **Pick Office(s)** pop-up window will appear.
- c. Select the office(s) that you would like to send this record(s) to.
- d. Click **OK** to send the record(s). The patients remain in this office and are now copied to the **Patient** table in the other office(s) selected.
- e. If there is a **Patient ID** from the current office that is the same as a **Patient ID** from one of the selected office(s), you will be asked if you want to overwrite:
 - i. The **Always** option will tell Intelicode® to overwrite any and all Patient records (from this point forward in this

process) that have a **Patient ID** that matches a **Patient ID** in the current **Patient** table.

- ii. The **None** option will tell Intelicode® to not overwrite any Patient records for this particular copy from this point forward in this process.
- iii. The **Yes** option will tell Intelicode® to overwrite this one particular Patient record and only this one.
- iv. The **No** option will tell Intelicode® to not overwrite this one particular Patient record. If there are any more duplicate records, you will be asked the question again pertaining to each of the other records so long as you click **No** or **Yes**.
- v. The **Cancel** option will stop the entire Send process.

8. Copy From Another Office:

- a. Click the **Copy From Another Office** button.
- b. Select the office(s) from which you wish to copy all of its patient records.
- c. Click **OK**.
- d. The patient records from the office(s) you selected are now a part of your current office's **Patient** table.
- e. If there is a **Patient ID** from the selected office(s) that is the same as a **Patient ID** from your current **Patient** table, you will be asked if you want to overwrite:
 - i. The **Always** option will tell Intelicode® to overwrite any

and all Patient records (from this point forward in this process) that have a **Patient ID** that matches a **Patient ID** in the office from which you are copying.

- ii. The **None** option will tell Intelicode® to not overwrite any Patient records for this particular copy from this point forward in this process.
- iii. The **Yes** option will tell Intelicode® to overwrite this one particular Patient record and only this one.
- iv. The **No** option will tell Intelicode® to not overwrite this one particular Patient record. If there are any more duplicate records, you will be asked the question again pertaining to each of the other records so long as you click **No** or **Yes**.
- v. The **Cancel** option will stop the entire Copy process.

9. Import From File:

- a. You can import patients from a **Microsoft Excel Spreadsheet (.xls, .xlsx)**, or from a **Comma Separated File**.
- b. Click on the **Import From File** button. The **Open** window will pop up.
- c. Browse to the location of the file you wish to import.
- d. Using the drop down box in the lower-right portion of the **Open** window, choose the file type of the file you wish to import.
- e. Next, select the file by clicking on it.

- f.** Click the **Open** button to import the file.
- g.** You will be asked the question, "Does this file have headers?"
If the top row in your spreadsheet or CSV file is made up of column headings, click **Yes**. Otherwise, click **No**
- h.** If you clicked **Yes**, you will next have the opportunity to match up the fields in your file to the static **Patient** table fields. Read the text in the light blue box at the bottom of the **Import Fields** window for further instructions.
Click **OK** when you are confident that the fields are matched up properly.
- i.** If you clicked **No**, you will need to match the column name to the column in your data. You can do this by right-clicking on a field and matching it up to the number of the order in which it appears in your data. The order begins with "0".
- j.** Your imported data will appear in the table.
- k.** If you have questions about importing Patients, see Importing Patients help page.

10. Export to File:

- a.** If you'd like to export your **Patient** table to a **Comma Separated Values (.csv)** file, click the **Export To File** button.
- b.** Browse to the location in which you would like to save your exported CSV file.
- c.** Type in a file name for this file in the text box to the right of the **File Name** heading toward the bottom of the window.

d. Click **Save** to save the CSV file.

II. When you are finished with the **Patient** screen, click on a different maintenance table from the menu on the left side of the screen or click **Close** to close the **Management** screen.

Patient ID	Last Name	First Name	Date of Birth	Gender
123	Public	John	01/06/1963	Male
12345	Patient	One		Unknown
1308886	Armstrong	Denise	02/28/1952	Female
134	Finestein	Fred	06/30/1959	Male
135	Swizzle	Cindy	03/22/1971	Female
1512	Swartz	Gary	02/16/1954	Male
156	Singleton	Suzie	08/14/1945	Female
167	Bebbee	Betty	07/27/1952	Female
1719	Henry	George	06/09/2006	Male
23456	Patient	Two		Other
234567			02/07/1949	Male
321	Carlins	George	01/02/1934	Male
3223	Finkleman	Henry	09/09/1929	Male
34567	Patient	Three		Male
345678			06/03/1954	Female
3942	Greenfield	Joanne	06/23/1952	Female
456				Male
45678	Patient	Four		Male
456789			12/31/1925	Female

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6.2 Attending Provider

I. Add a Provider:

a. Click on the text box just below the **Provider ID** heading.

- b.** Type in the Provider ID.
- c.** Press the **Tab** key and type in the **First Name** of the provider.
- d.** Press the **Tab** key and type in the **Last Name** of the provider.
- e.** Choose the **Specialty/Sub-Specialty** of this provider by clicking on the box just below the **Specialty/Sub-Specialty** heading and clicking on the appropriate option.
- f.** Choose the **Default Exam Type** for this provider by clicking on the box just below the **Default Exam Type** heading and clicking on the appropriate option.
- g.** Choose the **Default Fee Schedule** for this provider by clicking on the box just below the **Default Fee Schedule** heading and clicking on the appropriate option.
- h.** If you would like to archive this Provider, check the box next to the **Archive Provider** heading or click on the heading itself.
- i.** Save the new provider by clicking on the **Save** button.

2. Select Records:

- a.** To select one record, click anywhere on the Provider's row in the table.
- b.** To select multiple records that are contiguous within the current table display, click on the first record, then hold down the **Shift** key, and select the last record in the range.

- c. To select multiple records that are not contiguous within the current table display, click on the first record, then hold down the **Ctrl** key while selecting the other records that you want selected.

3. Delete Providers:

- a. Select the Provider record(s) you wish to delete.
- b. Click the **Delete** button.

4. Edit a Provider:

- a. Select the Provider record you wish to edit by clicking anywhere on the Provider's row in the table.
- b. To change the data, click on the text box corresponding to the field that needs to be changed, then change the text as appropriate.
- c. To change the **Specialty/Sub-specialty, Default Exam Type** or **Default Fee Schedule**, click on the corresponding drop down box and click on the appropriate option.
- d. If you would like to archive this Provider, check the box next to the **Archive Provider** heading or click on the heading itself.
- e. Save your changes by clicking on the **Save** button.

5. Print a Report: See the Management Reports help page for instructions on how to print a report.

6. Search:

- a. Choose the field that you would like to search on by clicking on the preferred field name just above the long text box next to the **Search:** heading.
- b. Next, click on that long text box and begin typing your search. Intelicode begins selecting records as you type.

7. Send to Another Office:

- a. Select the Provider record(s) that you want to be sent (copied) to the **Provider** table in another office(s).
- b. Click the **Send to Another Office** button. The **Pick Office(s)** pop-up window will appear.
- c. Select the office(s) that you would like to send this record(s) to.
- d. Click **OK** to send the record(s). The Providers remain in this office and are now copied to the **Provider** table in the other office(s) selected.
- e. If there is a **Provider ID** from the selected office(s) that is the same as a **Provider ID** in the data that you are sending, you will be asked if you want to overwrite:
 - i. The **All** option will tell Intelicode® to overwrite any and all Provider records (from this point forward in this process) in the selected office(s) that have a **Provider ID** that matches a **Provider ID** in the provider data that you are sending.
 - ii. The **None** option will tell Intelicode to not overwrite any Provider records for this particular copy from this point

forward in this process.

- iii. The **Yes** option will tell Intelicode® to overwrite this one particular Provider record and only this record.
- iv. The **No** option will tell Intelicode® to not overwrite this one particular Provider record and only this record.
- v. The **Cancel** option will stop the entire Send process.

8. Copy From Another Office:

- a. Click the **Copy From Another Office** button.
- b. Select the office(s) from which you wish to copy all of its Provider records.
- c. Click **OK**.
- d. The Provider records from the office(s) you selected are now a part of your current office's **Provider** table.
- e. If there is a **Provider ID** from the selected office(s) that is the same as a **Provider ID** from your current **Provider** table, you will be asked if you want to overwrite:
 - i. The **All** option will tell Intelicode® to overwrite any and all Provider records (from this point forward in this process) that have a **Provider ID** that matches a **Provider ID** in the data that you are copying.
 - ii. The **None** option will tell Intelicode® to not overwrite any Provider records for this particular copy.
 - iii. The **Yes** option will tell Intelicode® to overwrite this one

particular Provider record and only this one.

iv. The **No** option will tell Intelicode® to not overwrite this one particular Provider record. If there are any more duplicate records, you will be asked the question again pertaining to each of the other records so long as you click **No** or **Yes**.

v. The **Cancel** option will stop the entire Copy process.

9. Import From File:

- a.** You can import providers from a **Microsoft Excel Spreadsheet (.xls, .xlsx)**, or from a **Comma Separated File**.
- b.** Click on the **Import From File** button. The **Open** window will pop up.
- c.** Browse to the location of the file you wish to import.
- d.** Using the drop down box in the lower-right portion of the **Open** window, choose the file type of the file you wish to import.
- e.** Next, select the file by clicking on it.
- f.** Click the **Open** button to import the file.
- g.** You will be asked the question, "Does this file have headers?" If the top row in your spreadsheet or CSV file is made up of column headings, click **Yes**. Otherwise, click **No**.
- h.** If you clicked **Yes**, you will next have the opportunity to match up the fields in your file to the static **Attending**

Provider table fields. Read the text in the light blue box at the bottom of the **Import Fields** window for further instructions. Click **OK** when you are confident that the fields are matched up properly.

- i. If you clicked **No**, you will need to match the column name to the column in your data. You can do this by right-clicking on a field and matching it up to the number of the order in which it appears in your data. The order begins with "0".
- j. Your imported data will appear in the table.
- k. If you have questions about importing Attending Providers, see Importing Attending Providers help page.

10. Export to File:

- a. If you'd like to export your **Provider** table to a **Comma Separated Values (.csv)** file, click the **Export To File** button.
 - b. Browse to the location in which you would like to save your exported CSV file.
 - c. Type in a file name for this file in the text box to the right of the **File Name** heading toward the bottom of the window.
 - d. Click **Save** to save the CSV file.
- 11.** When you are finished with the **Attending Provider** screen, click on a different maintenance table from the menu on the left side of the screen or click **Close** to close the **Management** screen.

Attending Providers

Provider ID: 3, First Name: Lotta, Last Name: Carrington MD

Specialty/Sub-Specialty: Body Areas/Organ Systems (95), Default Exam Type: Body Areas/Organ Systems (95)

Default Fee Schedule: [Dropdown], Archive Provider: ☒

Buttons: Save, Send To Another Office, Delete, Copy From Another Office, Print Report, Import From File, Close, Export To File

Search: [Text Box]

Provider ID	First Name	Last Name	Specialty	Default Exam Type	Default Fee Schedule	Archived
3	Lotta	Carrington MD		Body Areas/Organ Systems (95)		<input checked="" type="checkbox"/>
6523	Lawrence	Farrington MD		Neurological Exam (97)		<input type="checkbox"/>
4	Elwood	Farrington MD		Ear, Nose and Throat Exam (97)		<input type="checkbox"/>
2	Dona	Feelgood MD		Body Areas/Organ Systems (95)		<input type="checkbox"/>
9999	John	Miller		Musculoskeletal Exam (97)		<input type="checkbox"/>
5	Beaumont	Wellington MD		General Med System Exam (97)		<input type="checkbox"/>
1	Marcus	Welmore MD		General Med System Exam (97)		<input type="checkbox"/>

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6.3 Requesting Provider

I. Add a Provider:

- a. Click on the text box just below the **Provider ID** heading.
- b. Type in the Provider ID.
- c. Press the **Tab** key and type in the **First Name** of the provider.
- d. Press the **Tab** key and type in the **Last Name** of the provider.
- e. Choose the **Specialty/Sub-Specialty** of this provider by

clicking on the box just below the **Specialty/Sub-Specialty** heading and clicking on the appropriate option.

- f.** If you would like to archive this Provider, check the box next to the **Archive Provider** heading or click on the heading itself.
- g.** Save the new provider by clicking on the **Save** button.

2. Select Records:

- a.** To select one record, click anywhere on the Provider's row in the table.
- b.** To select multiple records that are contiguous within the current table display, click on the first record, then hold down the **Shift** key, and select the last record in the range.
- c.** To select multiple records that are not contiguous within the current table display, click on the first record, then hold down the **Ctrl** key while selecting the other records that you want selected.

3. Delete Providers:

- a.** Select the Provider record(s) you wish to delete.
- b.** Click the **Delete** button.

4. Edit a Provider:

- a.** Select the Provider record you wish to edit by clicking anywhere on the Provider's row in the table.
- b.** To change the data, click on the text box corresponding to the

field that needs to be changed, then change the text as appropriate.

- c. To change the **Specialty/Sub-specialty**, click on the corresponding drop down box and click on the appropriate option.
- d. If you would like to archive this Provider, check the box next to the **Archive Provider** heading or click on the heading itself.
- e. Save your changes by clicking on the **Save** button.

5. Print a Report: See the Management Reports help page for instructions on how to print a report.

6. Search:

- a. Choose the field that you would like to search on by clicking on the preferred field name just above the long text box next to the **Search:** heading.
- b. Next, click on that long text box and begin typing your search. Intelicode® begins selecting records as you type.

7. Send to Another Office:

- a. Select the Provider record(s) that you want to be sent (copied) to the **Provider** table in another office(s).
- b. Click the **Send to Another Office** button. The **Pick Office (s)** pop-up window will appear.
- c. Select the office(s) that you would like to send this record(s) to.

- d. Click **OK** to send the record(s). The Providers remain in this office and are now copied to the **Provider** table in the other office(s) selected.
- e. If there is a **Provider ID** from the selected office(s) that is the same as a **Provider ID** in the data that you are sending, you will be asked if you want to overwrite:
 - i. The **All** option will tell Intelicode® to overwrite any and all Provider records (from this point forward in this process) in the selected office(s) that have a **Provider ID** that matches a **Provider ID** in the provider data that you are sending.
 - ii. The **None** option will tell Intelicode® to not overwrite any Provider records for this particular copy from this point forward in this process.
 - iii. The **Yes** option will tell Intelicode® to overwrite this one particular Provider record and only this record.
 - iv. The **No** option will tell Intelicode® to not overwrite this one particular Provider record and only this record.
 - v. The **Cancel** option will stop the entire Send process.

8. Copy From Another Office:

- a. Click the **Copy From Another Office** button.
- b. Select the office(s) from which you wish to copy all of its Provider records.
- c. Click **OK**.

- d. The Provider records from the office(s) you selected are now a part of your current office's **Provider** table.
- e. If there is a **Provider ID** from the selected office(s) that is the same as a **Provider ID** from your current **Provider** table, you will be asked if you want to overwrite:
 - i. The **All** option will tell Intelicode® to overwrite any and all Provider records (from this point forward in this process) that have a **Provider ID** that matches a **Provider ID** in the data that you are copying.
 - ii. The **None** option will tell Intelicode® to not overwrite any Provider records for this particular copy.
 - iii. The **Yes** option will tell Intelicode® to overwrite this one particular Provider record and only this record.
 - iv. The **No** option will tell Intelicode® to not overwrite this one particular Provider record and only this record.
 - v. The **Cancel** option will stop the entire Copy process.

9. Import From File:

- a. You can import providers from a **Microsoft Excel Spreadsheet (.xls, .xlsx)**, or from a **Comma Separated File**.
- b. Click on the **Import From File** button. The **Open** window will pop up.
- c. Browse to the location of the file you wish to import.
- d. Using the drop down box in the lower-right portion of

the **Open** window, choose the file type of the file you wish to import.

- e. Next, select the file by clicking on it.
- f. Click the **Open** button to import the file.
- g. You will be asked the question, "Does this file have headers?" If the top row in your spreadsheet or CSV file is made up of column headings, click **Yes**. Otherwise, click **No**
- h. If you clicked **Yes**, you will next have the opportunity to match up the fields in your file to the static **Requesting Provider** table fields. Read the text in the light blue box at the bottom of the **Import Fields** window for further instructions. Click **OK** when you are confident that the fields are matched up properly.
- i. If you clicked **No**, you will need to match the column name to the column in your data. You can do this by right-clicking on a field and matching it up to the number of the order in which it appears in your data. The order begins with "0".
- j. Your imported data will appear in the table.
- k. If you have questions about importing Requesting Providers, see Importing Requesting Providers help page.

10. Export to File:

- a. If you'd like to export your **Provider** table to a **Comma Separated Values (.csv)** file, click the **Export To File** button.
- b. Browse to the location in which you would like to save your

exported CSV file.

- c. Type in a file name for this file in the text box to the right of the **File Name** heading toward the bottom of the window.
 - d. Click **Save** to save the CSV file.
- II.** When you are finished with the **Requesting Provider** screen, click on a different maintenance table from the menu on the left side of the screen or click **Close** to close the **Management** screen.

Provider ID	First Name	Last Name	Specialty	Archived
4	John	Smith		<input type="checkbox"/>

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6.4 Resident

I. Add a Resident:

- a. Click on the text box just below the **Resident ID** heading.
- b. Type in the Resident ID.
- c. Press the **Tab** key and type in the **First Name** of the Resident.
- d. Press the **Tab** key and type in the **Last Name** of the Resident.
- e. If you would like to archive this Resident, check the box next to the **Archive Resident** heading or click on the heading itself.
- f. Save the new Resident by clicking on the **Save** button.

2. Select Records:

- a. To select one record, click anywhere on the Resident's row in the table.
- b. To select multiple records that are contiguous within the current table display, click on the first record, then hold down the **Shift** key, and select the last record in the range.
- c. To select multiple records that are not contiguous within the current table display, click on the first record, then hold down the **Ctrl** key while selecting the other records that you want selected.

3. Delete Residents:

- a. Select the Resident record(s) you wish to delete.
- b. Click the **Delete** button.

4. Edit a Resident:

- a. Select the Resident record you wish to edit by clicking anywhere on the Resident's row in the table.
- b. To change the data, click on the text box corresponding to the field that needs to be changed, then change the text as appropriate.
- c. If you would like to archive this Resident, check the box next to the **Archive Resident** heading or click on the heading itself.
- d. Save your changes by clicking on the **Save** button.

5. Print a Report: See the Management Reports help page for instructions on how to print a report.

6. Search:

- a. Choose the field that you would like to search on by clicking on the preferred field name just above the long text box next to the **Search:** heading.
- b. Next, click on that long text box and begin typing your search. Intelicode begins selecting records as you type.

7. Send to Another Office:

- a. Select the Resident record(s) that you want to be sent (copied) to the **Resident** table in another office(s).
- b. Click the **Send to Another Office** button. The **Pick Office (s)** pop-up window will appear.

- c. Select the office(s) that you would like to send this record(s) to.
- d. Click **OK** to send the record(s). The Residents remain in this office and are now copied to the **Resident** table in the other office(s) selected.
- e. If there is a **Resident ID** from the selected office(s) that is the same as a **Resident ID** from the data that you are sending, you will be asked if you want to overwrite:
 - i. The **All** option will tell Intelicode® to overwrite any and all Resident records (from this point forward in this process) in the selected office(s) that have a **Resident ID** that matches a **Resident ID** in the data that you are sending.
 - ii. The **None** option will tell Intelicode® to not overwrite any Resident records for this particular copy from this point forward in this process.
 - iii. The **Yes** option will tell Intelicode® to overwrite this one particular Resident record and only this record.
 - iv. The **No** option will tell Intelicode® to not overwrite this one particular Resident record and only this record.
 - v. The **Cancel** option will stop the entire Send process.

8. Copy From Another Office:

- a. Click the **Copy From Another Office** button.
- b. Select the office(s) from which you wish to copy all of its Resident records.

- c. Click **OK**. The Resident records from the office(s) you selected are now a part of your current office's **Resident** table.
- d. If there is a **Resident ID** from the selected office(s) that is the same as a **Resident ID** from your current **Resident** table, you will be asked if you want to overwrite:
 - i. The **All** option will tell Intelicode to overwrite any and all Resident records (from this point forward in this process) that have a **Resident ID** that matches a **Resident ID** in the data you are copying.
 - ii. The **None** option will tell Intelicode® to not overwrite any Resident records for this particular copy.
 - iii. The **Yes** option will tell Intelicode® to overwrite this one particular Resident record and only this record.
 - iv. The **No** option will tell Intelicode® to not overwrite this one particular Resident record and only this record.
 - v. The **Cancel** option will stop the entire Copy process. The **Copy From Another Office** window will disappear.

9. Import From File:

- a. You can import Residents from a **Microsoft Excel Spreadsheet (.xls, .xlsx)**, or from a **Comma Separated File**.
- b. Click on the **Import From File** button. The **Open** window will pop up.
- c. Browse to the location of the file you wish to import.

- d. Using the drop down box in the lower-right portion of the **Open** window, choose the file type of the file you wish to import.
- e. Next, select the file by clicking on it.
- f. Click the **Open** button to import the file.
- g. You will be asked the question, "Does this file have headers?" If the top row in your spreadsheet or CSV file is made up of column headings, click **Yes**. Otherwise, click **No**
- h. If you clicked **Yes**, you will next have the opportunity to match up the fields in your file to the static **Resident** table fields. Read the text in the light blue box at the bottom of the **Import Fields** window for further instructions. Click **OK** when you are confident that the fields are matched up properly.
- i. If you clicked **No**, you will need to match the column name to the column in your data. You can do this by right-clicking on a field and matching it up to the number of the order in which it appears in your data. The order begins with "0".
- j. Your imported data will appear in the table.
- k. If you have questions about importing Residents, see Importing Residents help page.

10. Export to File:

- a. If you'd like to export your **Resident** table to a **Comma Separated Values (.csv)** file, click the **Export To File** button.

- b.** Browse to the location in which you would like to save your exported CSV file.
 - c.** Type in a file name for this file in the text box to the right of the **File Name** heading toward the bottom of the window.
 - d.** Click **Save** to save the CSV file.
- II.** When you are finished with the **Resident** screen, click on a different maintenance table from the menu on the left side of the screen or click **Close** to close the **Management** screen.

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6.5 Fee Schedule

I. Add a New Blank Fee Schedule:

- a. Click on the **New** button.
- b. Type in a name for the new Fee Schedule.
- c. Click **OK**.

2. Download a Medicare Fee Schedule (PFS):

- a. To **Download** a Medicare Fee Schedule, first click on the drop down boxes just below the **Year** and **Quarter** headings and select the year and quarter for the Medicare Fee Schedule is that you wish to download. A list of available localities for you to select from will appear in the drop down box just below the **Carrier Locality** heading.
- b. Click the **Download** button to download the fee schedule that you desire. If the download finished properly, you will now see this Fee Schedule in the **Fee Schedule** drop down list.

3. Select a Fee Schedule:

- a. Select a Fee Schedule: Click on the drop down box just below the Fee Schedule heading and then click on the Fee Schedule you wish to select.

4. Choose Category:

- a. To only view Fee Schedule records for a certain category of CPT codes, click on the desired category in the white box in the middle of the screen. The records will appear just below this section of the screen.
- b. Click on the + or - to expand or contract respectively to see more or less subcategories of CPT codes.

5. Delete a Fee Schedule:

- a. Select the Fee Schedule you wish to delete.
- b. Click the **Delete** button.

6. Rename a Fee Schedule:

- a. Select the **Fee Schedule** you wish to **Rename**.
- b. Click the **Rename** button.
- c. Type the new name.
- d. Click **OK**

7. Archive a Fee Schedule:

- a. Select the **Fee Schedule** you wish to **Archive**.
- b. Check the **Archive Fee Schedule** checkbox.
- c. Save your changes by clicking on the **Save** button..

8. Edit a Fee Schedule:

- a. In the table, find the record and the field that you wish to edit.
- b. Click on the cell and type in the new number.
- c. To register the change, click off of the cell, press the **Tab** key, or the **Enter** key.
- d. The **Tab** key will allow you to move horizontally through a record, editing as you go, if you wish.
- e. The **Enter** key will allow you to move vertically through a

field, editing as you go, if you wish.

- f. Save your changes by clicking on the **Save** button.

9. Print a Report: See the Management Reports help page for instructions on how to print a report.

10. Send to Another Office:

- a. Select the Fee Schedule that you want to be sent (copied) to another office(s).
- b. Click the **Send to Another Office** button. The **Pick Office (s)** pop-up window will appear.
- c. Select the office(s) that you would like to send this Fee Schedule to.
- d. Click **OK** to send the record(s). The Fee Schedule remains in this office and is now also copied to the **Fee Schedule** list in the other office(s) selected.
- e. If there is a **Fee Schedule Name** from the selected office(s) that is the same as a **Fee Schedule Name** from the data you are sending, you will be asked if you want to overwrite:
 - i. The **All** option will tell Intelicode® to overwrite any and all fee schedules (from this point forward in this process) in the selected office(s) that have a **Fee Schedule Name** that matches a **Fee Schedule Name** in the data you are sending.
 - ii. The **None** option will tell Intelicode® to not overwrite any fee schedules for this particular copy from this point forward in this process.

- iii. The **Yes** option will tell Intelicode® to overwrite this one particular fee schedule and only this fee schedule.
- iv. The **No** option will tell Intelicode® to not overwrite this one particular fee schedule and only this fee schedule.
- v. The **Cancel** option will stop the entire Send process.

II. Copy From Another Office:

- a. Click the **Copy From Another Office** button.
- b. Select the office(s) from which you wish to copy all of its Fee Schedules.
- c. Click **OK**. The Fee Schedules from the office(s) you selected are now a part of your current office's **Fee Schedule** list.
- d. The Fee Schedules from the office(s) you selected are now a part of your current office's **Fee Schedule** list.
- e. If there is a **Fee Schedule Name** from the selected office(s) that is the same as a **Fee Schedule Name** from your current office, you will be asked if you want to overwrite:
 - i. The **All** option will tell Intelicode® to overwrite any and all fee schedules (from this point forward in this process) that have a **Fee Schedule Name** that matches a **Fee Schedule Name** in the data you are copying.
 - ii. The **None** option will tell Intelicode® to not overwrite any fee schedules for this particular copy from this point forward in this process.
 - iii. The **Yes** option will tell Intelicode® to overwrite this one

particular fee schedule and only this fee schedule.

- iv. The **No** option will tell Intelicode® to not overwrite this one particular fee schedule and only this fee schedule.
- v. The **Cancel** option will stop the entire Copy process.

12. Import From File:

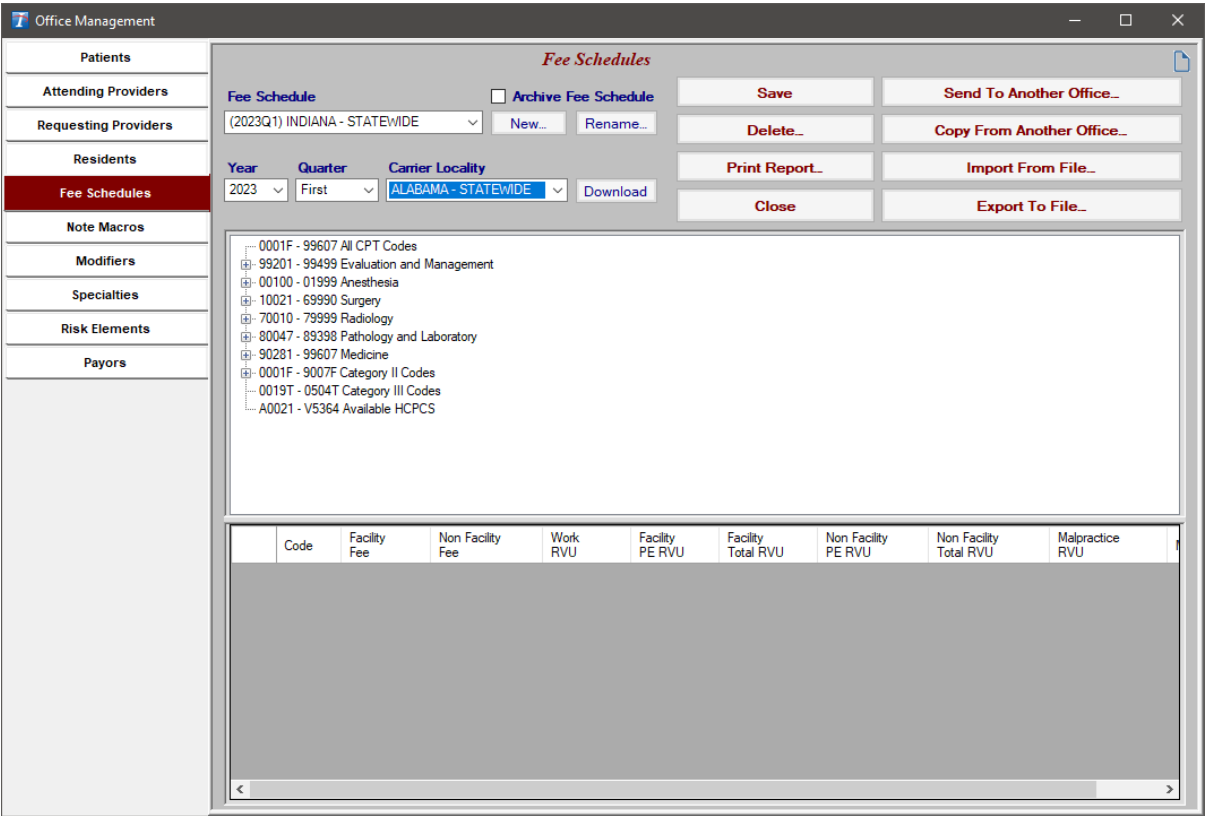
- a. You can import Fee Schedules from a **Microsoft Excel Spreadsheet (.xls, .xlsx)**, or from a **Comma Separated File**.
- b. Click on the **Import From File** button. The **Open** window will pop up.
- c. Browse to the location of the file you wish to import.
- d. Using the drop down box in the lower-right portion of the **Open** window, choose the file type of the file you wish to import.
- e. Next, select the file by clicking on it.
- f. Click the **Open** button to import the file.
- g. You will be asked the question, "Does this file have headers?" If the top row in your spreadsheet or CSV file is made up of column headings, click **Yes**. Otherwise, click **No**.
- h. If you clicked **Yes**, you will next have the opportunity to match up the fields in your file to the static **Fee Schedule** table fields. Read the text in the light blue box at the bottom of the **Import Fields** window for further instructions. Click **OK** when you are confident that the fields

are matched up properly.

- i. If you clicked **No**, you will need to match the column name to the column in your data. You can do this by right-clicking on a field and matching it up to the number of the order in which it appears in your data. The order begins with "0".
- j. Your imported data will appear in the table.
- k. If you have questions about importing Fee Schedules, see Importing Fee Schedules help page.

13. Export to File:

- a. If you'd like to export your **Fee Schedule** to a **Comma Separated Values (.csv)** file, click the **Export To File** button.
 - b. Browse to the location in which you would like to save your exported CSV file.
 - c. Type in a file name for this file in the text box to the right of the **File Name** heading toward the bottom of the window.
 - d. Click **Save** to save the CSV file.
14. When you are finished with the **Fee Schedule** screen, click on a different maintenance table from the menu on the left side of the screen or click **Close** to close the **Management** screen.



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6.6 Note Macros

Note Macros can be an extremely helpful tool for auditors to help them to more clearly elaborate their findings in encounter documentation. They can also be extremely beneficial as an educational tool for providing physicians/ providers with additional information about problems and/or recommendations concerning documentation. Think of them as saved information tidbits that can be pasted into an encounter as a note anytime you wish.

- I. To begin using **Note Macros**, simply click on the **Note**

Macros button appearing in the lower portion of the **Patient, History, Exam, Decision, and End** screens. A **Note Macros - Management** pop-up screen will appear.

2. Or, click on the **Management** menu at the top of the screen, and then click **Note Macros**.
3. **Insert Note Macros into a Visit:**
 - a. In the box under the heading **Choose the macro(s) you want to insert into the note field**, find the **Macro Name** of the **Note Macro** that you want to insert into your current visit.
 - b. Double-click on any macro name that you want to insert into the current visit.
 - c. Or, select the macro name by clicking on it, then click the arrow that points to the right. The name will appear in the box to the right and in your current visit.
 - d. If you change your mind and you wish to remove a Note Macro from the visit, double-click on the macro name in the box on the right side of the screen. Or, select the macro name in the box on the right side of the screen by clicking on it, and then click the arrow button that points to the left. It will be removed from the right box (the left box will have to be edited manually) and from the current visit.

4. Create a New Note Macro:

- a. Click the **New** button toward the top of the screen.
- b. Click on the text box just below the **Macro Name** heading.
- c. Type in a Macro Name.
- d. Designate the **Macro Type** by clicking on the circle next to the text (**Issue**, **Recommendation**, or **Other**) or by clicking on the text itself.
- e. Click on the text box just below the **Macro Contents** heading.
- f. Type in the **Macro Contents**.
- g. If you wish to have a **Macro Point Value** associated with this Macro, click on the text box just to the right of the **Macro**

Point Value heading.

- h.** Type in the point value.
- i.** Save the new Note Macro by clicking on the **Save** button.

5. Archive Note Macros:

- a.** Check the Archive box and click Save to Archive a Note Macro.
- b.** Archived Note Macros are hidden by default and can be shown by clicking the Show button above the Note Macro list.

6. Delete Note Macros:

- a.** Select the **Note Macro** you wish to delete by clicking on the Macro Name in the box in the lower-left portion of the screen.
- b.** Click the **Delete** button. Your Note Macro will be deleted.

7. Edit a Note Macro:

- a.** Select the Note Macro you wish to edit by clicking on the Macro Name in the box in the lower-left portion of the screen.
- b.** To change the data, click on the text box corresponding to the field that needs to be changed, then change the text as appropriate.
- c.** If you wish, to change the **Macro Type** click on the circle next to the text (**Issue**, **Recommendation**, or **Other**) or click on the text itself.

- d. Save your changes by clicking on the **Save** button.
- 8. **Print a Report:** See the Management Reports help page for instructions on how to print a report.
- 9. **Search:** Next, click on that long text box and begin typing your search. Intelicode begins selecting records as you type.

10. **Send to Another Office:**

- a. Select the **Note Macro** that you want to be sent (copied) to another office(s).
- b. Click the **Send to Another Office** button. The **Pick Office (s)** pop-up window will appear.
- c. Select the office(s) that you would like to send this record(s) to.
- d. Click **OK** to send the Macro. The Note Macro remains in this office and is now copied to the **Note Macro** table in the other office(s) selected.
- e. If there is a **Macro Name** from the selected office(s) that is the same as a **Macro Name** from the data you are sending, you will be asked if you want to overwrite:
 - i. The **All** option will tell Intelicode to overwrite any and all note macros (from this point forward in this process) in the selected office(s) that have a **Macro Name** that matches a **Macro Name** in the data you are sending.
 - ii. The **None** option will tell Intelicode® to not overwrite any note macros for this particular copy from this point forward in this process.

- iii. The **Yes** option will tell Intelicode® to overwrite this one particular note macro and only this note macro.
- iv. The **No** option will tell Intelicode® to not overwrite this one particular note macro and only this note macro.
- v. The **Cancel** option will stop the entire Send process.

II. Copy From Another Office:

- a. Click the **Copy From Another Office** button.
- b. Select the office(s) from which you wish to copy all of its Note Macros.
- c. Click **OK**. The Note Macros from the office(s) you selected are now a part of your current office's **Note Macro** table.
- d. If there is a **Macro Name** from the selected office(s) that is the same as a **Macro Name** from the data you are sending, you will be asked if you want to overwrite:
 - i. The **All** option will tell Intelicode to overwrite any and all note macros (from this point forward in this process) in the selected office(s) that have a **Macro Name** that matches a **Macro Name** in the data you are sending.
 - ii. The **None** option will tell Intelicode® to not overwrite any note macros for this particular copy from this point forward in this process.
 - iii. The **Yes** option will tell Intelicode® to overwrite this one particular note macro and only this note macro.
 - iv. The **No** option will tell Intelicode® to not overwrite this

one particular note macro and only this note macro.

- v. The **Cancel** option will stop the entire Send process.

12. Import From File:

- a. You can import Note Macros from a **Microsoft Excel Spreadsheet (.xls, .xlsx)**, or from a **Comma Separated File**.
- b. Click on the **Import From File** button. The **Open** window will pop up.
- c. Browse to the location of the file you wish to import.
- d. Using the drop down box in the lower-right portion of the **Open** window, choose the file type of the file you wish to import.
- e. Next, select the file by clicking on it.
- f. Click the **Open** button to import the file.
- g. You will be asked the question, "Does this file have headers?" If the top row in your spreadsheet or CSV file is made up of column headings, click **Yes**. Otherwise, click **No**.
- h. If you clicked **Yes**, you will next have the opportunity to match up the fields in your file to the static **Note Macros** table fields. Read the text in the light blue box at the bottom of the **Import Fields** window for further instructions. Click **OK** when you are confident that the fields are matched up properly.
- i. If you clicked **No**, you will need to match the column name to

the column in your data. You can do this by right-clicking on a field and matching it up to the number of the order in which it appears in your data. The order begins with "0".

- j. Your imported data will appear in the table.
- k. If you have questions about importing Note Macros, see Importing Note Macros help page.

13. Export to File:

- a. If you'd like to export your **Note Macro** table to a **Comma Separated Values (.csv)** file, click the **Export To File** button.
 - b. Browse to the location in which you would like to save your exported CSV file.
 - c. Type in a file name for this file in the text box to the right of the **File Name** heading toward the bottom of the window.
 - d. Click **Save** to save the CSV file.
14. When you are finished with the **Note Macros** screen, click on a different maintenance table from the menu on the left side of the screen or click **Close** to close the **Management** screen.

The screenshot shows the 'Management' application window. On the left is a sidebar with a tree view containing: Patient, Attending Provider, Requesting Provider, Resident, Fee Schedule, **Note Macros** (highlighted), Modifiers, Specialty, Risk Elements, and Payor. The main content area is titled 'Note' and contains the following elements:

- Macro Name:** A text box containing '25 Modifier (I)'.
- Macro Type:** Radio buttons for 'Issue' (selected), 'Recommendation', and 'Other'.
- Macro Contents:** A text area containing 'Misuse of the 25 modifier.'
- Macro Point:** A text box containing '0'.
- Archived Notes:** Radio buttons for 'Hide' (selected) and 'Show'.
- Macro List:** A scrollable list of macros including '25 Modifier (I)', '25 Modifier (R)', 'Allergy Sticker Blank (I)', 'Allergy Sticker Blank (R)', 'Assessment (I)', 'Assessment (R)', 'Bundled Service (I)', 'Chief Complaint (I)', 'Chief Complaint (R)', 'Clear Reference to Testing (I)', 'Clear Reference to Testing (R)', 'Consult Requirements (I)', 'Consult Requirements (R)', 'Consultation vs Referral (I)', 'Counseling (I)', 'Counseling (R)', 'Critical Care Code Unsubstantiated (I)', 'Diagnosis Variation (I)', 'Diagnosis Variation (R)', 'Dictator (I)', and 'Documentation - None Found (I)'.
- Buttons:** 'New', 'Archive', 'Save', 'Send To Another Office', 'Delete', 'Copy From Another Office', 'Print Report', 'Import From File', 'Close', and 'Export To File'.
- Search:** A text box labeled 'Search'.
- Visit Note Macros:** A large empty text area.

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6.7 Modifiers

I. Add a Modifier:

- a. Click on the text box just below the **Modifier** heading.
- b. Type in the Modifier.
- c. Click on the text box just below the **Modifier Description** heading.
- d. Type in a description for the Modifier.

- e. If you wish to have **Help Text** associated with this modifier, click on the text box just below the **Help Text** heading.
- f. Type in the help text.
- g. Save the new Modifier by clicking on the **Save** button.

2. Select Records:

- a. To select one Modifier record, click anywhere on the row in the table.
- b. To select multiple records that are contiguous within the current table display, click on the first record, then hold down the **Shift** key, and select the last record in the range.
- c. To select multiple records that are not contiguous within the current table display, click on the first record, then hold down the **Ctrl** key while selecting the other records that you want selected.

3. Delete Modifiers:

- a. Select the Modifier record(s) you wish to delete.
- b. Click the **Delete** button.

4. Edit a Modifier:

- a. Select the Modifier record you wish to edit by clicking anywhere on the Modifier's row in the table.
- b. To change the data, click on the text box corresponding to the field that needs to be changed, then change the text as appropriate.

c. Save your changes by clicking on the **Save** button.

5. Print a Report: See the Management Reports help page for instructions on how to print a report.

6. Send to Another Office:

a. Select the Modifier record(s) that you want to be sent (copied) to the **Modifier** table in another office(s).

b. Click the **Send to Another Office** button. The **Pick Office (s)** pop-up window will appear.

c. Select the office(s) that you would like to send this record(s) to.

d. Click **OK** to send the record(s). The Modifiers remain in this office and are now copied to the **Modifier** table in the other office(s) selected.

e. If there is a **Modifier** from the selected office(s) that is the same as a **Modifier** from the data you are sending, you will be asked if you want to overwrite:

i. The **All** option will tell Intelicode® to overwrite any and all Modifier records (from this point forward in this process) in the selected office(s) that have a **Modifier** that matches a **Modifier** in the data you are sending.

ii. The **None** option will tell Intelicode® to not overwrite any Modifier records for this particular copy from this point forward in this process.

iii. The **Yes** option will tell Intelicode® to overwrite this one particular Modifier record and only this record.

- iv. The **No** option will tell Intelicode® to not overwrite this one particular Modifier record and only this record.
- v. The **Cancel** option will stop the entire Send process.

7. Copy From Another Office:

- a. Click the **Copy From Another Office** button.
- b. Select the office(s) from which you wish to copy all of its Modifier records.
- c. Click **OK**.
- d. The Modifier records from the office(s) you selected are now a part of your current office's **Modifier** table.
- e. If there is a **Modifier** from the selected office(s) that is the same as a **Modifier** from your current **Modifier** table, you will be asked if you want to overwrite:
 - i. The **All** option will tell Intelicode® to overwrite any and all Modifier records (from this point forward in this process) that have a **Modifier** that matches a **Modifier** in the data you are copying.
 - ii. The **None** option will tell Intelicode® to not overwrite any Modifier records for this particular copy from this point forward in this process.
 - iii. The **Yes** option will tell Intelicode® to overwrite this one particular Modifier record and only this record.
 - iv. The **No** option will tell Intelicode® to not overwrite this one particular Modifier record and only this record.

- v. The **Cancel** option will stop the entire Copy process.

8. Import From File:

- a. You can import Modifiers from a **Microsoft Excel Spreadsheet (.xls, .xlsx)**, or from a **Comma Separated File**.
- b. Click on the **Import From File** button. The **Open** window will pop up.
- c. Browse to the location of the file you wish to import.
- d. Using the drop down box in the lower-right portion of the **Open** window, choose the file type of the file you wish to import.
- e. Next, select the file by clicking on it.
- f. Click the **Open** button to import the file.
- g. You will be asked the question, "Does this file have headers?" If the top row in your spreadsheet or CSV file is made up of column headings, click **Yes**. Otherwise, click **No**.
- h. If you clicked **Yes**, you will next have the opportunity to match up the fields in your file to the static **Modifiers** table fields. Read the text in the light blue box at the bottom of the **Import Fields** window for further instructions. Click **OK** when you are confident that the fields are matched up properly.
- i. If you clicked **No**, you will need to match the column name to the column in your data. You can do this by right-clicking on a field and matching it up to the number of the order in which it

appears in your data. The order begins with "0".

- j. Your imported data will appear in the table.
- k. If you have questions about importing Modifiers, see Importing Modifiers help page.

9. Export to File:

- a. If you'd like to export your **Modifier** table to a **Comma Separated Values (.csv)** file, click the **Export To File** button.
- b. Browse to the location in which you would like to save your exported CSV file.
- c. Type in a file name for this file in the text box to the right of the **File Name** heading toward the bottom of the window.
- d. Click **Save** to save the CSV file.

10. Import From Provided:

- a. You can import a list of modifiers from the Intelicode Provided Database.
- b. These modifiers are included when an office is created. Importing will restore any default modifiers that were deleted and update the modifiers' descriptions.

- 11. When you are finished with the **Modifiers** screen, click on a different maintenance table from the menu on the left side of the screen or click **Close** to close the **Management** screen.

Management

Modifiers

Modifier: 24

Modifier Description

Unrelated Evaluation and Management Service by the Same Physician During a Postoperative Period: The physician may need to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) unrelated to the original procedure. This circumstance may be

Modifier	Description
24	Unrelated Evaluation and Management Service by the Same Physician During a Postoperative Period: The physician may need to
KD	Drug or biological infused through dme
HW	Funded by state mental health agency
T1	Left foot, second digit
KG	Dmepos item subject to dmepos competitive bidding program number 1
G2	Most recent urr reading of 60 to 64. 9
AT	Acute treatment (this modifier should be used when reporting service 98940, 98941, 98942)
UR	Five patients served
P1	Anesthesia Physical Status: A normal healthy patient
HJ	Employee assistance program
SJ	Third or more concurrently administered infusion therapy
F1	Left hand, second digit
81	Minimum Assistant Surgeon: Minimum surgical assistant services are identified by adding the modifier '81' to the usual procedure nu
90	Reference (Outside) Laboratory: When laboratory procedures are performed by a party other than the treating or reporting physiciar
V8	Infection present
AW	Item furnished in conjunction with a surgical dressing
HM	Less than bachelor degree level
SA	Nurse practitioner rendering service in collaboration with a physician
GG	Performance and payment of a screening mammogram and diagnostic mammogram on the same patient, same day

Save Send To Another Office
Delete Copy From Another Office
Print Report Import From File
Close Export To File
Import From Provided

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6.8 Specialties

I. Add a Specialty:

- Click on the text box just below the **Specialty Code** heading.
- Type in the Specialty Code.
- Press the **Tab** key or click on the text box just below the **Specialty Code** heading.
- Type in the Specialty Name.

- e. Save the new Specialty by clicking on the **Save** button.

2. Select Records:

- a. To select one Specialty record, click anywhere on the row in the table.
- b. To select multiple records that are contiguous within the current table display, click on the first record, then hold down the **Shift** key, and select the last record in the range.
- c. To select multiple records that are not contiguous within the current table display, click on the first record, then hold down the **Ctrl** key while selecting the other records that you want selected.

3. Delete Specialties:

- a. Select the Specialties record(s) you wish to delete.
- b. Click the **Delete** button.

4. Edit a Specialty:

- a. Select the Specialty record you wish to edit by clicking anywhere on the Specialty's row in the table.
- b. To change the data, click on the text box corresponding to the field that needs to be changed, then change the text as appropriate.
- c. Save your changes by clicking on the **Save** button.

- 5. **Print a Report:** See the Management Reports help page for instructions on how to print a report.

6. Search: Next, click on that long text box and begin typing your search. Intelicode begins selecting records as you type.

7. Send to Another Office:

- a.** Select the Specialty record(s) that you want to be sent (copied) to the **Specialty** table in another office(s).
- b.** Click the **Send to Another Office** button. The **Pick Office(s)** pop-up window will appear.
- c.** Select the office(s) that you would like to send this record(s) to.
- d.** Click **OK** to send the record(s). The Specialties remain in this office and are now copied to the **Specialty** table in the other office(s) selected.
- e.** If there is a **Specialty Code** from the selected office(s) that is the same as a **Specialty Code** from the data you are sending, you will be asked if you want to overwrite:
 - i.** The **All** option will tell Intelicode® to overwrite any and all Specialty records (from this point forward in this process) in the selected office(s) that have a **Specialty Code** that matches a **Specialty Code** in the data you are sending.
 - ii.** The **None** option will tell Intelicode® to not overwrite any Specialty records for this particular copy from this point forward in this process.
 - iii.** The **Yes** option will tell Intelicode® to overwrite this one particular Specialty record and only this record.

iv. The **No** option will tell Intelicode® to not overwrite this one particular Specialty record and only this record.

v. The **Cancel** option will stop the entire Send process.

8. Copy From Another Office:

a. Click the **Copy From Another Office** button.

b. Select the office(s) from which you wish to copy all of its Specialty records.

c. Click **OK**. The Specialty records from the office(s) you selected are now a part of your current office's **Specialty** table.

d. If there is a **Specialty Code** from the selected office(s) that is the same as a **Specialty Code** from your current **Specialty** table, you will be asked if you want to overwrite:

i. The **All** option will tell Intelicode® to overwrite any and all Specialty records (from this point forward in this process) that have a **Specialty Code** that matches a **Specialty Code** in the data you are copying.

ii. The **None** option will tell Intelicode® to not overwrite any Specialty records for this particular copy from this point forward in this process.

iii. The **Yes** option will tell Intelicode® to overwrite this one particular Specialty record and only this record.

iv. The **No** option will tell Intelicode® to not overwrite this

one particular Specialty record and only this record.

- v. The **Cancel** option will stop the entire Copy process.

9. Import From File:

- a. You can import Specialties from a **Microsoft Excel Spreadsheet (.xls, .xlsx)**, or from a **Comma Separated File**.
- b. Click on the **Import From File** button. The **Open** window will pop up.
- c. Browse to the location of the file you wish to import.
- d. Using the drop down box in the lower-right portion of the **Open** window, choose the file type of the file you wish to import.
- e. Next, select the file by clicking on it.
- f. Click the **Open** button to import the file.
- g. You will be asked the question, "Does this file have headers?" If the top row in your spreadsheet or CSV file is made up of column headings, click **Yes**. Otherwise, click **No**.
- h. If you clicked **Yes**, you will next have the opportunity to match up the fields in your file to the static **Specialties** table fields. Read the text in the light blue box at the bottom of the **Import Fields** window for further instructions. Click **OK** when you are confident that the fields are matched up properly.
- i. If you clicked **No**, you will need to match the column name to

the column in your data. You can do this by right-clicking on a field and matching it up to the number of the order in which it appears in your data. The order begins with "0".

- j. Your imported data will appear in the table.
- k. If you have questions about importing Specialties, see Importing Specialties help page.

10. Export to File:

- a. If you'd like to export your **Specialty** table to a **Comma Separated Values (.csv)** file, click the **Export To File** button.
- b. Browse to the location in which you would like to save your exported CSV file.
- c. Type in a file name for this file in the text box to the right of the **File Name** heading toward the bottom of the window.
- d. Click **Save** to save the CSV file.

11. Import From Provided:

- a. You can import a list of specialties from the Intelicode Provided Database.
- b. These specialties are included when an office is created. Importing will restore any of these default specialties that were deleted and update existing specialties' descriptions.

- 12. When you are finished with the **Specialties** screen, click on a different maintenance table from the menu on the left side of the screen or click **Close** to close the **Management** screen.

Specialty Code	Specialty
1	General Practice
10	Gastroenterology
11	Internal Medicine
12	Osteopathic Manipulative Med.
13	Neurology
14	Neurosurgery
15	Speech Language Pathologists
16	Obstetrics/Gynecology
17	Hospice and Palliative Care
18	Ophthalmology
19	Oral Surgery (dentists only)
2	General Surgery
20	Orthopedic Surgery
21	Cardiac Electrophysiology
22	Pathology
23	Sports Medicine
24	Plastic & Reconstructive Surg.
25	Physical Medicine & Rehab.
26	Psychiatry

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6.9 Risk Elements

I. Add a New Risk Element:

- a. Click on the **New Risk** button.
- b. Click on the text box just below the **Risk Element** heading.
- c. Type in the Risk Element.
- d. To choose the **Level of Risk** click on the drop down box just below the **Level of Risk** heading.

- e. Click on the Level of Risk in the list.
- f. To choose the **Type of Risk** click on the drop down box just below the **Type of Risk** heading.
- g. Click on the Type of Risk in the list.
- h. Save the new Risk Element by clicking on the **Save** button.

2. Select Records:

- a. To select one Risk Element record, click anywhere on the row in the table.
- b. To select multiple records that are contiguous within the current table display, click on the first record, then hold down the **Shift** key, and select the last record in the range.
- c. To select multiple records that are not contiguous within the current table display, click on the first record, then hold down the **Ctrl** key while selecting the other records that you want selected.

3. Delete Risk Elements:

- a. Select the Risk Element record(s) you wish to delete.
- b. Click the **Delete** button.

4. Edit a Risk Element:

- a. Select the Risk Element record you wish to edit by clicking anywhere on the Risk Element's row in the table.
- b. To change the data, click on the text box corresponding to the field that needs to be changed, then change the text as

appropriate.

- c. To change the **Level Of Risk** or **Type Of Risk**, click on the corresponding drop down box and select a different option.
- d. Save your changes by clicking on the **Save** button.

5. Print a Report: See the Management Reports help page for instructions on how to print a report.

6. Send to Another Office:

- a. Select the Risk Element record(s) that you want to be sent (copied) to the **Risk Element** table in another office(s).
- b. Click the **Send to Another Office** button. The **Pick Office (s)** pop-up window will appear.
- c. Select the office(s) that you would like to send this record(s) to.
- d. Click **OK** to send the record(s). The Risk Elements remain in this office and are now copied to the **Risk Element** table in the other office(s) selected.
- e. If there is a **Risk Element** from the selected office(s) that is the same as a **Risk Element** from the data you are sending, you will be asked if you want to overwrite:
 - i. The **All** option will tell Intelicode® to overwrite any and all Risk Element records (from this point forward in this process) in the selected office(s) that have a **Risk Element** that matches a **Risk Element** in the data you are sending.

- ii. The **None** option will tell Intelicode® to not overwrite any Risk Element records for this particular copy from this point forward in this process.
- iii. The **Yes** option will tell Intelicode® to overwrite this one particular Risk Element record and only this record.
- iv. The **No** option will tell Intelicode® to not overwrite this one particular Risk Element record and only this record.
- v. The **Cancel** option will stop the entire Send process.

7. Copy From Another Office:

- a. Click the **Copy From Another Office** button.
- b. Select the office(s) from which you wish to copy all of its Risk Element records.
- c. Click **OK**.
- d. The Risk Element records from the office(s) you selected are now a part of your current office's **Risk Element** table.
- e. If there is a **Risk Element** from the selected office(s) that is the same as a **Risk Element** from your current **Risk Element** table, you will be asked if you want to overwrite:
 - i. The **All** option will tell Intelicode® to overwrite any and all Risk Element records (from this point forward in this process) that have a **Risk Element** that matches a **Risk Element** in the data you are copying.
 - ii. The **None** option will tell Intelicode® to not overwrite any Risk Element records for this particular copy from this

point forward in this process.

- iii. The **Yes** option will tell Intelicode® to overwrite this one particular Risk Element record and only this record.
- iv. The **No** option will tell Intelicode® to not overwrite this one particular Risk Element record and only this record.
- v. The **Cancel** option will stop the entire Copy process.

8. Import From File:

- a. You can import Risk Elements from a **Microsoft Excel Spreadsheet (.xls, .xlsx)**, or from a **Comma Separated File**.
- b. Click on the **Import From File** button. The **Open** window will pop up.
- c. Browse to the location of the file you wish to import.
- d. Using the drop down box in the lower-right portion of the **Open** window, choose the file type of the file you wish to import.
- e. Next, select the file by clicking on it.
- f. Click the **Open** button to import the file.
- g. You will be asked the question, "Does this file have headers?" If the top row in your spreadsheet or CSV file is made up of column headings, click **Yes**. Otherwise, click **No**.
- h. If you clicked **Yes**, you will next have the opportunity to match up the fields in your file to the static **Risk**

Elements table fields. Read the text in the light blue box at the bottom of the **Import Fields** window for further instructions. Click **OK** when you are confident that the fields are matched up properly.

- i. If you clicked **No**, you will need to match the column name to the column in your data. You can do this by right-clicking on a field and matching it up to the number of the order in which it appears in your data. The order begins with "0".
- j. Your imported data will appear in the table.
- k. If you have questions about importing Risk Elements, see Importing Risk Elements help page.

9. Export to File:

- a. If you'd like to export your **Risk Element** table to a **Comma Separated Values (.csv)** file, click the **Export To File** button.
 - b. Browse to the location in which you would like to save your exported CSV file.
 - c. Type in a file name for this file in the text box to the right of the **File Name** heading toward the bottom of the window.
 - d. Click **Save** to save the CSV file.
10. When you are finished with the **Risk Elements** screen, click on a different maintenance table from the menu on the left side of the screen or click **Close** to close the **Management** screen.

Risk Element	Type of Risk	Risk Level
Occupational Therapy	Management Options	Low
EMG Study	Diagnostic Procedures	Low

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6.10 Payor

I. Add a Payor:

- a. Click on the text box just below the **Payor ID** heading.
- b. Type in the Payor ID.
- c. Press the **Tab** key or click on the text box just below the **Payor** heading.
- d. Type in the Payor.
- e. To choose the **Default Fee Schedule** click on the drop down box just below the **Default Fee Schedule** heading.

- f. Click on the Fee Schedule in the list.
- g. Save the new Payor by clicking on the **Save** button.

2. Select Records:

- a. To select one Payor record, click anywhere on the row in the table.
- b. To select multiple records that are contiguous within the current table display, click on the first record, then hold down the **Shift** key, and select the last record in the range.
- c. To select multiple records that are not contiguous within the current table display, click on the first record, then hold down the **Ctrl** key while selecting the other records that you want selected.

3. Delete Payors:

- a. Select the Payor record(s) you wish to delete.
- b. Click the **Delete** button.

4. Edit a Payor:

- a. Select the Payor record you wish to edit by clicking anywhere on the Payor's row in the table.
- b. To change the data, click on the text box corresponding to the field that needs to be changed, then change the text as appropriate.
- c. To change the **Default Fee Schedule**, click on the corresponding drop down box and select a different option.

d. Save your changes by clicking on the **Save** button.

5. Print a Report: See the Management Reports help page for instructions on how to print a report.

6. Send to Another Office:

a. Select the Payor record(s) that you want to be sent (copied) to the **Payor** table in another office(s).

b. Click the **Send to Another Office** button. The **Pick Office (s)** pop-up window will appear.

c. Select the office(s) that you would like to send this record(s) to.

d. Click **OK** to send the record(s). The Payors remain in this office and are now copied to the **Payor** table in the other office(s) selected.

e. If there is a **Payor ID** from the selected office(s) that is the same as a **Payor ID** from the data you are sending, you will be asked if you want to overwrite:

i. The **All** option will tell Intelicode® to overwrite any and all Payor records (from this point forward in this process) in the selected office(s) that have a **Payor ID** that matches a **Payor ID** in the data you are sending.

ii. The **None** option will tell Intelicode® to not overwrite any Payor records for this particular copy from this point forward in this process.

iii. The **Yes** option will tell Intelicode® to overwrite this one particular Payor record and only this record.

- iv. The **No** option will tell Intelicode® to not overwrite this one particular Payor record and only this record.
- v. The **Cancel** option will stop the entire Send process.

7. Copy From Another Office:

- a. Click the **Copy From Another Office** button.
- b. Select the office(s) from which you wish to copy all of its Payor records.
- c. Click **OK**. The Payor records from the office(s) you selected are now a part of your current office's **Payor** table.
- d. If there is a **Payor ID** from the selected office(s) that is the same as a **Payor ID** from your current **Payor** table, you will be asked if you want to overwrite:
 - i. The **All** option will tell Intelicode® to overwrite any and all Risk Element records (from this point forward in this process) that have a **Payor ID** that matches a **Payor ID** in the data you are copying.
 - ii. The **None** option will tell Intelicode® to not overwrite any Payor records for this particular copy from this point forward in this process.
 - iii. The **Yes** option will tell Intelicode® to overwrite this one particular Payor record and only this record.
 - iv. The **No** option will tell Intelicode® to not overwrite this one particular Payor record and only this record.
 - v. The **Cancel** option will stop the entire Copy process.

8. Import From File:

- a. You can import Payors from a **Microsoft Excel Spreadsheet (.xls, .xlsx)**, or from a **Comma Separated File**.
- b. Click on the **Import From File** button. The **Open** window will pop up.
- c. Browse to the location of the file you wish to import.
- d. Using the drop down box in the lower-right portion of the **Open** window, choose the file type of the file you wish to import.
- e. Next, select the file by clicking on it.
- f. Click the **Open** button to import the file.
- g. You will be asked the question, "Does this file have headers?" If the top row in your spreadsheet or CSV file is made up of column headings, click **Yes**. Otherwise, click **No**.
- h. If you clicked **Yes**, you will next have the opportunity to match up the fields in your file to the static **Payor** table fields. Read the text in the light blue box at the bottom of the **Import Fields** window for further instructions. Click **OK** when you are confident that the fields are matched up properly.
- i. If you clicked **No**, you will need to match the column name to the column in your data. You can do this by right-clicking on a field and matching it up to the number of the order in which it appears in your data. The order begins with "0".

- j. Your imported data will appear in the table.
- k. If you have questions about importing Payors, see Importing Payors help page.

9. Export to File:

- a. If you'd like to export your **Payor** table to a **Comma Separated Values (.csv)** file, click the **Export To File** button.
 - b. Browse to the location in which you would like to save your exported CSV file.
 - c. Type in a file name for this file in the text box to the right of the **File Name** heading toward the bottom of the window.
 - d. Click **Save** to save the CSV file.
10. When you are finished with the **Payor** screen, click on a different maintenance table from the menu on the left side of the screen or click **Close** to close the **Management** screen.

Management

Patient

Attending Provider

Requesting Provider

Resident

Fee Schedule

Note Macros

Modifiers

Specialty

Risk Elements

Payor

Payors

Payor ID

1

Payor

Payor 1

Default Fee Schedule

(2016Q2) INDIANA - STATEWIDE

Save

Send To Another Office

Delete

Copy From Another Office

Print Report

Import From File

Close

Export To File

Payor ID	Payor	Default Fee Schedule
1	Payor 1	(2016Q2) INDIANA - STATEWIDE

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7 Importing Requirements

With Intelicode®, you can import data with just a few clicks. The listed sections will walk you through each screen that allows you to import data with detailed instructions on how to do so. Learn what formats you can import from to what headers are required to successfully import your data.

7.1 Importing Audit Prep

- **Required Columns - these columns must have data:**
 - Patient ID
 - Patient Status
 - Gender
 - Visit Date
- **Optional Columns - these columns may or may not be included:**
 - Date of Birth
 - Provider EM Code
 - PatientFirstName
 - PatientLastName
 - Notes
- **Prior Data Columns - these columns have data that must be in Intelicode already to successfully import:**
 - FeeScheduleName (optional)

- Attending ProviderID (optional)
- Requesting Provider ID (optional)
- Payor ID (optional)
- UserID (optional)

Audit Prep.csv - Microsoft Excel

L50	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			</
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7.2 Importing Patients

- **Required Columns - these columns must have data:**
 - Patient ID
 - Gender

- **Optional Columns - these columns may or may not be included:**
 - First Name
 - Last Name
 - Date of Birth
- **Prior Data Columns - these columns have data that must be in Intelicode already to successfully import:**
 - None

Patient ID	Last Name	First Name	Date of Birth	Gender
849949	Bailey	Fred		Male
65432	Dooley	Jamison		Male
32414	Scratch	From		Male
1719	Henry	Georgeann		Male
4896	Werlington	Wilma	8/30/1952 0:00	Female
639149	Reither	Esther	10/31/1954 0:00	Female
57854	Babble	Durcilla	6/26/1972 0:00	Female
3942	Greenfield	Joanne	6/23/1952 0:00	Female
669979	Sayre	Hank	2/9/1949 0:00	Male
636350	Horn	Ralph	9/30/1932 0:00	Male
1512	Swartz	Gary	2/16/1954 0:00	Male
672737	Sund	Eric	3/21/1929 0:00	Male
641748	Bailey	Fred	8/29/1924 0:00	Male
803615	Sayre	Hank	2/9/1949 0:00	Male
9876	Smith	John		Male
5982	Sullivan	Maria	3/15/1926 0:00	Female
167	Bebee	Betty	7/27/1952 0:00	Female
707567	Sayre	Hank	2/9/1949 0:00	Male
8945	Silverton	Denise	1/24/1968 0:00	Female
7896	Jumpup	Johnny	5/21/1961 0:00	Male
6465	Johnson	James		Male
608353	Hennin	Mark	2/6/1937 0:00	Male
861127	Sayre	Hank	2/9/1949 0:00	Male
842506	Reither	Esther	10/31/1954 0:00	Female
860354	Health	Joan	12/23/1934 0:00	Female
633369	Kalb	Carrie	1/15/1943 0:00	Female
7878	Santos	Miguel	11/15/1967 0:00	Male
156	Singleton	Suzie	8/14/1945 0:00	Female
878	Bodine	Gerald	2/25/1921 0:00	Male
814531	Lacey	Mitchell	3/8/1940 0:00	Male
801077	Hennin	Mark	2/6/1937 0:00	Male
615547	Lacey	Mitchell	3/8/1940 0:00	Male
321	Carlins	George	1/2/1934 0:00	Male

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7.3 Importing Attending Providers

- **Required Columns - these columns must have data:**
 - Provider ID
- **Optional Columns - these columns may or may not be included:**
 - First Name
 - Last Name
 - Archived
- **Prior Data Columns - these columns have data that must be in Intelicode already to successfully import:**
 - Specialty
 - Default Exam Type
 - Default Fee Schedule

Provider ID	First Name	Last Name	Specialty	Default Exam Type	Default Fee Schedule	Archived
3	Lotta	Carrington MD	Cardiology	Body Areas/Organ Systems (95)		TRUE
6789	Lotta	Carrington MD	Cardiology	Body Areas/Organ Systems (95)		FALSE
6523	Lawrencio	Farthington MD	Neurology	Neurological Exam (97)		FALSE
4	Elwood	Farwood MD	Otolaryngology	Ear, Nose and Throat Exam (97)		FALSE
2	Dona	Feelgood MD	Internal Medicine	Body Areas/Organ Systems (95)	(2013Q1) INDIANA - STATEWIDE	FALSE
9999	John	Miller	Cardiology	Musculoskeletal Exam (97)		FALSE
5	Beaumont	Wellington MD	Internal Medicine	General Multi System Exam (97)		FALSE
1	Marcus	Welmore MD	Family Practice	General Multi System Exam (97)		FALSE

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7.4 Importing Requesting Providers

- **Required Columns - these columns must have data:**
 - Provider ID
- **Optional Columns - these columns may or may not be included:**
 - First Name
 - Last Name
 - Archived

- **Prior Data Columns** - these columns have data that must be in Intelicode already to successfully import:

- Specialty

Provider ID	First Name	Last Name	Specialty	Archived
4	John	Smith	Oncology	FALSE
5	Sam	Smith		TRUE

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7.5 Importing Residents

- **Required Columns** - these columns must have data:

- ResidentID

- **Optional Columns** - these columns may or may not be included:

- First Name

- Last Name
- Archived
- **Prior Data Columns - these columns have data that must be in Intelicode already to successfully import:**
- None

Resident ID	First Name	Last Name	Archived
3434	Mary	Johnson	FALSE
1406	Patricia	Mackey	TRUE
1301	Steve	Oats	FALSE
2735	Grant	Robertson	FALSE
7195	John	Steinle	FALSE

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7.6 Importing Fee Schedules

- **Required Columns - these columns must have data:**
- Code

- **Optional Columns - these columns may or may not be included:**
 - Facility Fee - at least value of 0
 - Non Facility Fee - at least value of 0
 - WorkRVU - at least value of 0
 - FacilityPERVU - at least value of 0
 - NonFacilityPERVU - at least value of 0
 - MalpracticeRVU - at least value of 0
 - FacilityTotalRVU - at least value of 0
 - NonFacilityTotalRVU - at least value of 0
 - Modifier - data can be blank
- **Prior Data Columns - these columns have data that must be in Intelicode already to successfully import:**
 - None

FeeSchedule.csv - Microsoft Excel																								
File Home Insert Page Layout Formulas Review View Developer Team																								
Clipboard Font Alignment Number Styles																								
Calculation Input																								
Check Cell Explanation... Followed My... Hyperlink																								
Insert Delete Format Clear																								
Autosum Fill Sort & Filter Select Editing																								
A1 Code																								
1	Code	FacilityFee	NonFacilityFee	WorkRVU	FacilityPERVU	NonFacilityPERVU	MalpracticeRVU	FacilityTotalRVU	NonFacilityTotalRVU	Modifier	K	L	M	N	O	P	Q	R	S	T	U	V	W	X
2	0001F	0	0	0	0	0	0	0	0	0														
3	0005F	0	0	0	0	0	0	0	0	0														
4	00100	0	0	0	0	0	0	0	0	0														
5	00102	0	0	0	0	0	0	0	0	0														
6	00103	0	0	0	0	0	0	0	0	0														
7	00104	0	0	0	0	0	0	0	0	0														
8	00120	0	0	0	0	0	0	0	0	0														
9	00124	0	0	0	0	0	0	0	0	0														
10	00126	0	0	0	0	0	0	0	0	0														
11	0012F	0	0	0	0	0	0	0	0	0														
12	00140	0	0	0	0	0	0	0	0	0														
13	00142	0	0	0	0	0	0	0	0	0														
14	00144	0	0	0	0	0	0	0	0	0														
15	00145	0	0	0	0	0	0	0	0	0														
16	00147	0	0	0	0	0	0	0	0	0														
17	00148	0	0	0	0	0	0	0	0	0														
18	0014F	0	0	0	0	0	0	0	0	0														
19	0015F	0	0	0	0	0	0	0	0	0														
20	00160	0	0	0	0	0	0	0	0	0														
21	00162	0	0	0	0	0	0	0	0	0														
22	00164	0	0	0	0	0	0	0	0	0														
23	00170	0	0	0	0	0	0	0	0	0														
24	00172	0	0	0	0	0	0	0	0	0														
25	00174	0	0	0	0	0	0	0	0	0														
26	00176	0	0	0	0	0	0	0	0	0														
27	00190	0	0	0	0	0	0	0	0	0														
28	00192	0	0	0	0	0	0	0	0	0														
29	00210	0	0	0	0	0	0	0	0	0														
30	00211	0	0	0	0	0	0	0	0	0														
31	00212	0	0	0	0	0	0	0	0	0														
32	00214	0	0	0	0	0	0	0	0	0														
33	00215	0	0	0	0	0	0	0	0	0														
34	00216	0	0	0	0	0	0	0	0	0														
35	00218	0	0	0	0	0	0	0	0	0														
36	00220	0	0	0	0	0	0	0	0	0														
37	00222	0	0	0	0	0	0	0	0	0														
38	00300	0	0	0	0	0	0	0	0	0														
39	00320	0	0	0	0	0	0	0	0	0														
40	00322	0	0	0	0	0	0	0	0	0														
41	00326	0	0	0	0	0	0	0	0	0														

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7.7 Importing Note Macros

- **Required Columns - these columns must have data:**
 - Macro Type
 - Macro Name
- **Optional Columns - these columns may or may not be included:**
 - Contents - the macro text
- **Prior Data Columns - these columns have data that must be in Intelicode already to successfully import:**
 - None

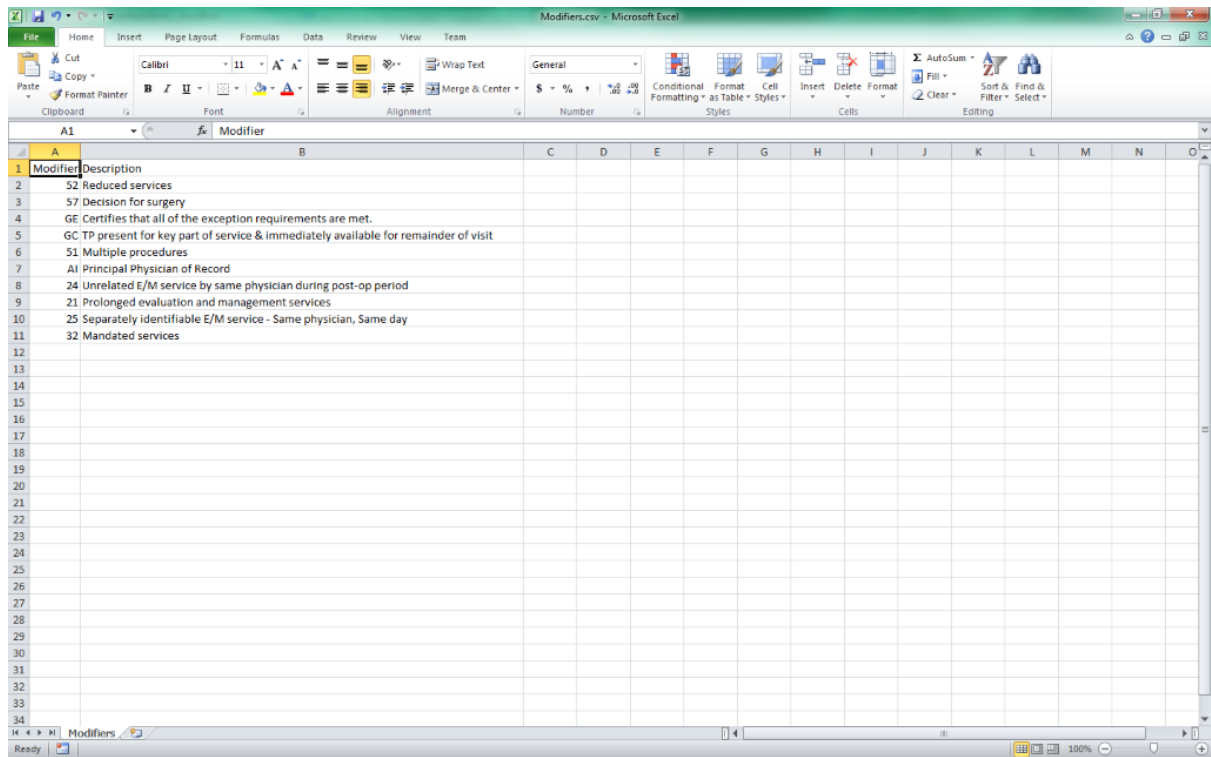
Macro Type	Macro Name	Contents
I	25 Modifier (I)	Misuse of the 25 modifier.
R	25 Modifier (R)	Our recommendation of the misuse of the 25 modifier.
I	Allergy Sticker Blank (I)	The allergy sticker on the front cover of the medical record is blank.
R	Allergy Sticker Blank (R)	If the patient has an allergy or adverse reaction, please list it on the sticker; if not, list NKDA (no known drug allergies). A blank sticker is a risk management issue.
I	Assessment (I)	The assessment is not clearly stated for this encounter. Documentation Guidelines states "The documentation for each patient encounter should include: . . . assessment."
R	Assessment (R)	The assessment should be clearly documented for each encounter. Since each note must "stand alone", it is imperative to accurately document the most specific assessment.
I	Bundled Service (I)	As documented, this service can not be billed separately from XXXX on the same date of service under the Correct Coding Initiative.
R	Chief Complaint (I)	The Chief Complaint for this encounter is either missing or not stated in the manner identified in the Documentation Guidelines.
I	Chief Complaint (R)	A chief complaint, as stated in the Documentation Guidelines is, "A concise statement describing the symptom, problem, condition, diagnosis, physician recommendation, or other information that is the reason for the encounter."
R	Clear Reference to Testing (I)	It appears that some form of diagnostic testing was performed in conjunction with this encounter, yet there is no clear order or reference made to indicate the reason for the testing.
R	Clear Reference to Testing (R)	An order or clear reference should be made to diagnostic testing in the progress note. As stated in the Documentation Guidelines, "If a diagnostic service (test or procedure) is performed, the documentation should include a clear reference to the test or procedure."
I	Consult Requirements (I)	One or more of the criteria required for a consult have not been met, or has not been documented in the patient's medical record, or is not present in the information.
R	Consult Requirements (R)	The provider should always clearly document the requesting provider, the reason for the consultation, or condition / problem to be evaluated, the necessary history and physical, and the plan of care.
I	Consultation vs Referral (I)	A "referral" (typically "new patient") charge should be submitted if another physician has transferred a patient to you for care. A "consultation" should be charged if the patient is being seen by you for a specific problem.
R	Counseling (I)	It appears, based on the documentation, that this visit was spent counseling the patient; however, the time element was not documented.
R	Counseling (R)	If more than 50% of the face-to-face (or unit/floor time) visit is spent counseling, the code may be determined based on the entire time of the visit. Documentation should reflect the time spent counseling.
I	Critical Care Code Unsubstantiated (I)	The documentation does not support the use of Critical Care codes.
R	Critical Care Code Unsubstantiated (R)	The documentation for this encounter reflects a diagnosis coding variation from what was listed on the HCFA 1500 or superbill.
I	Diagnosis Variation (I)	Diagnosis coding errors may cause claims processing delays or denials, as well as leaving the provider and/or practice open to potential false claims allegations. A diagnosis variation is a code that is not the primary diagnosis.
R	Diagnosis Variation (R)	The documentation located by the Compliance Office does not identify the dictator of this transcribed report. This is a violation of the UPP documentation policy.
I	Dictator (I)	At the time of this audit, no documentation could be located to support this encounter. If this were an audit by a payor, it could be interpreted as fraudulent billing.
R	Dictator (R)	It is imperative a system be implemented in the practice to ensure all documentation is filed in the medical record in a timely manner. If an audit is performed by the payor, the documentation should be located to support this encounter.
I	Documentation - None Found (I)	The documentation was thorough, and showed medical necessity. According to Documentation Requirements, there was enough documentation to substantiate the charge.
R	Documentation - None Found (R)	The only documentation located was an Operative Report without lesion size documented, therefore, this encounter was coded to the smallest lesion diameter code.
I	Documented Higher Level (I)	The size of the lesion was not documented in the Operative Report for this encounter. The lesion size must be documented in the Operative Report to ensure accurate coding.
R	Documented Higher Level (R)	The documentation substantiates a higher level of service than charged.
I	Documented Lesion - No Size (I)	The documentation substantiates a lower level of service than charged.
R	Documented Lesion - No Size (R)	The size of the lesion was not documented in the Operative Report for this encounter. The lesion size must be documented in the Operative Report to ensure accurate coding.
I	Documented Lower Level (I)	The documentation substantiates a lower level of service than charged.
R	Documented Lower Level (R)	In order to obtain the level of service charged, additional documentation is necessary for (hx, exam, MDM).
I	Documented Service Unsupported (I)	The documentation located in the medical record does not support this encounter/service.
R	Documented Service Unsupported (R)	This is a duplicate charge for this date of service.
I	Duplicate Charge (I)	Have the billing ensure duplicate charges were not submitted to the payor. If they were, immediately reimburse the carrier.
R	Duplicate Charge (R)	An error found in the documentation was not corrected appropriately.
I	Error Correction (I)	Errors should be corrected by placing a single line through the mistake, signing or initialing, dating, and making the correction.
R	Error Corrections (R)	

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7.8 Importing Modifiers

- **Required Columns - these columns must have data:**
 - Modifier
- **Optional Columns - these columns may or may not be included:**
 - Description
- **Prior Data Columns - these columns have data that must be in Intelicode already to successfully import:**
 - None



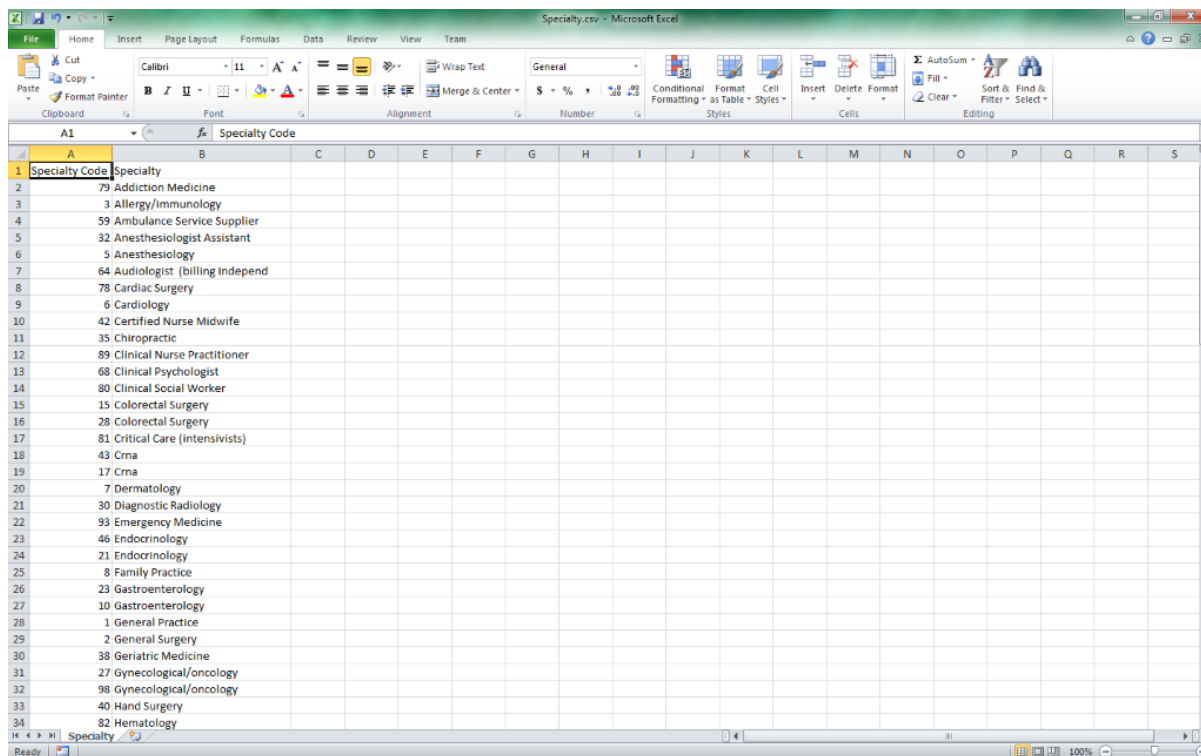
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7.9 Importing Specialties

- **Required Columns - these columns must have data:**
 - Specialty Code
 - Specialty - descriptive text
- **Optional Columns - these columns may or may not be included:**
 - None
- **Prior Data Columns - these columns have data that must be in Intelicode already to successfully import:**

○ None



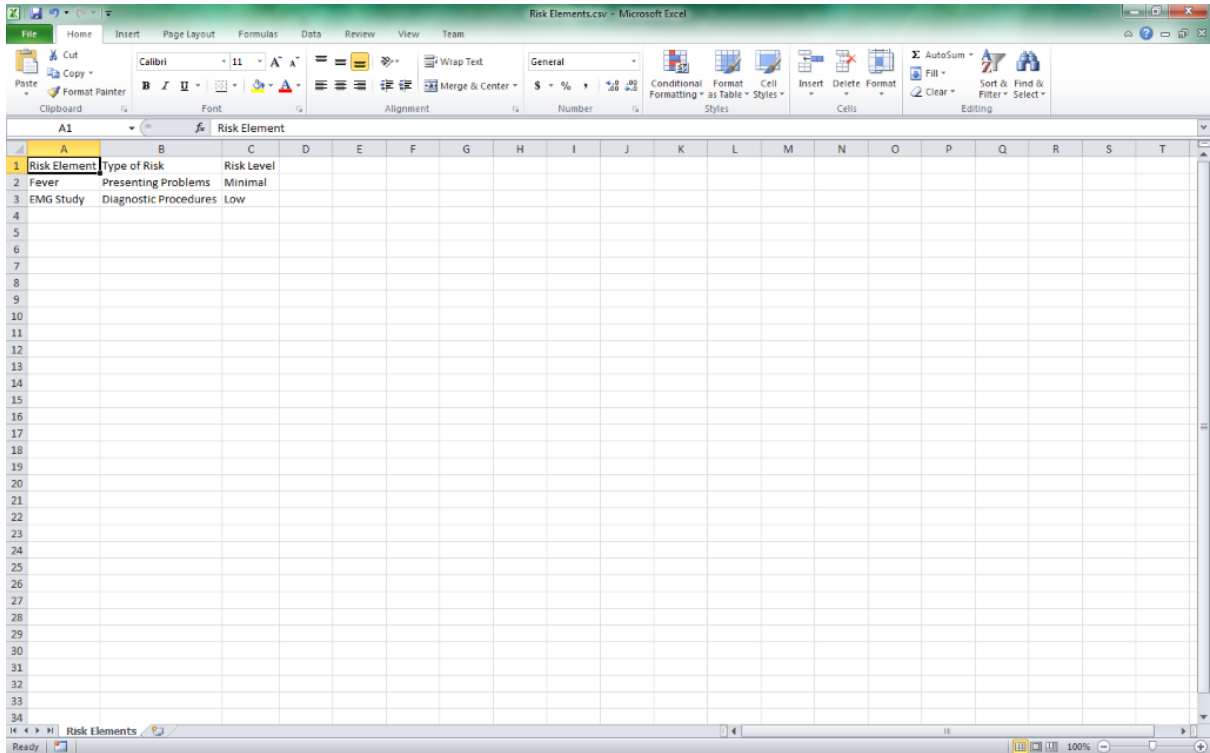
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7.10 Importing Risk Elements

- **Required Columns - these columns must have data:**
 - Risk Element
 - Type of Risk
 - Level of Risk
- **Optional Columns - these columns may or may not be included:**

- None
- **Prior Data Columns - these columns have data that must be in Intelicode already to successfully import:**
- None



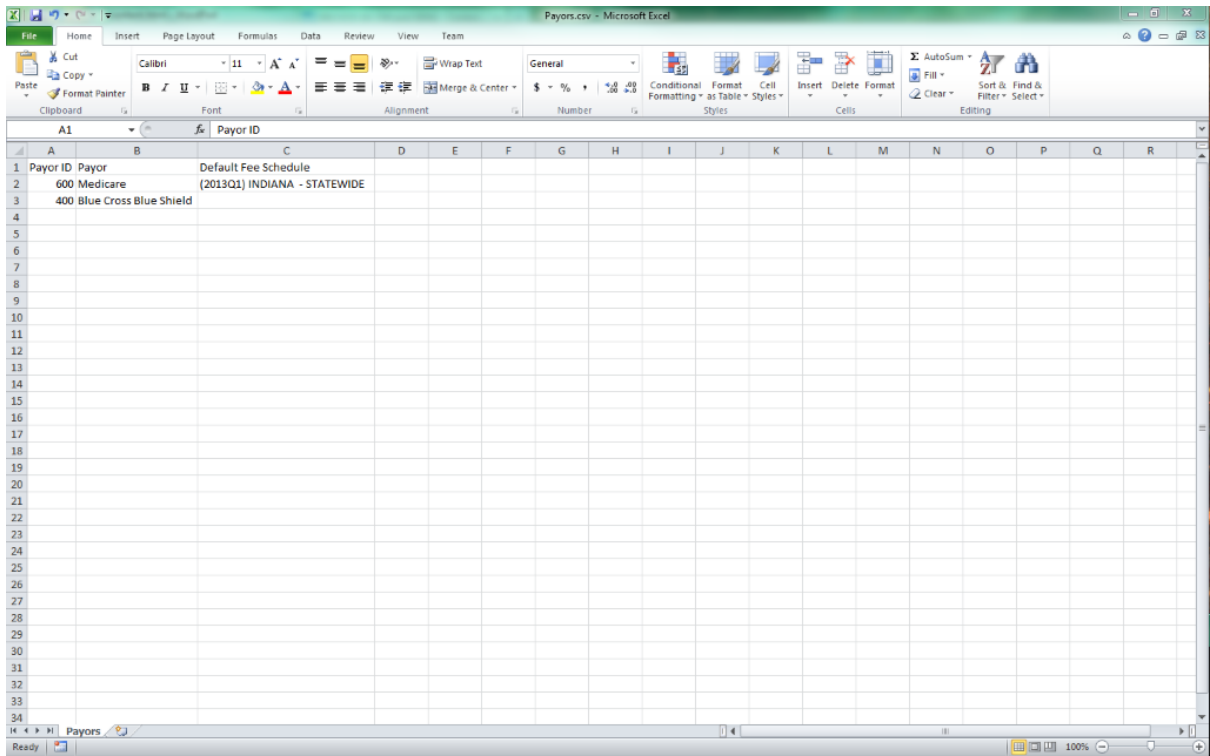
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7.11 Importing Payors

- **Required Columns - these columns must have data:**
- PayorID
- Payor

- **Default Fee Schedule**



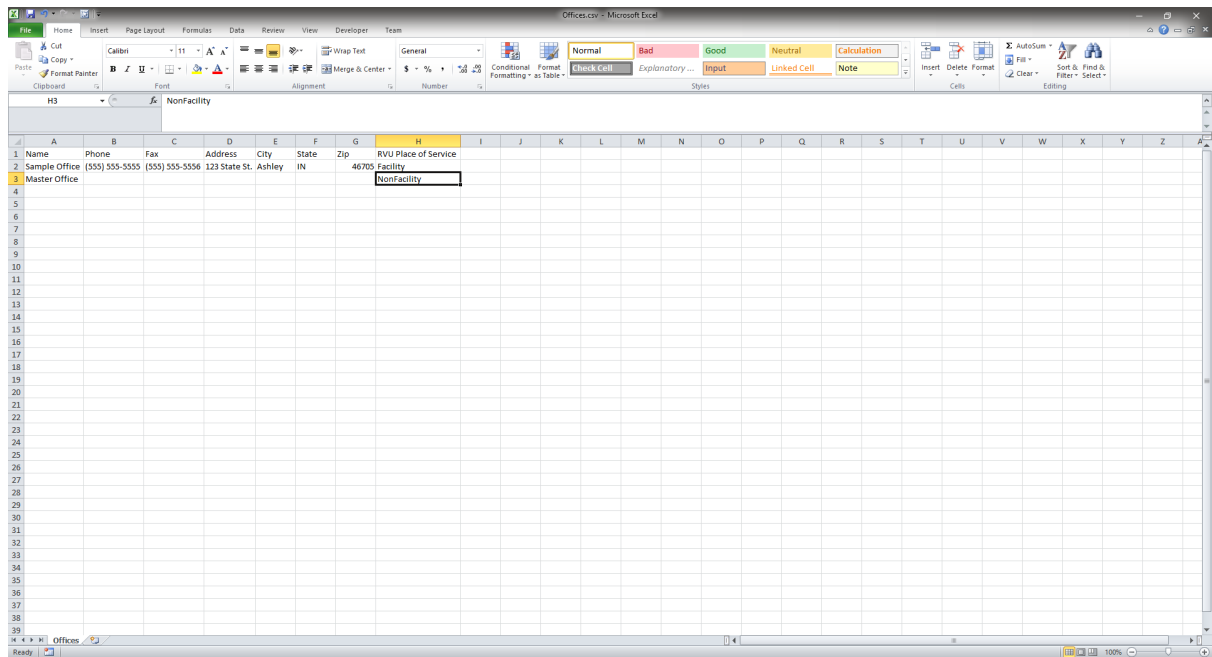
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7.12 Importing Office Creation Data

- Office Name

- Phone Number
- Fax Number
- Address
- City
- State
- Zip
- RVU Place of Service - Non-Facility is assumed if not included.



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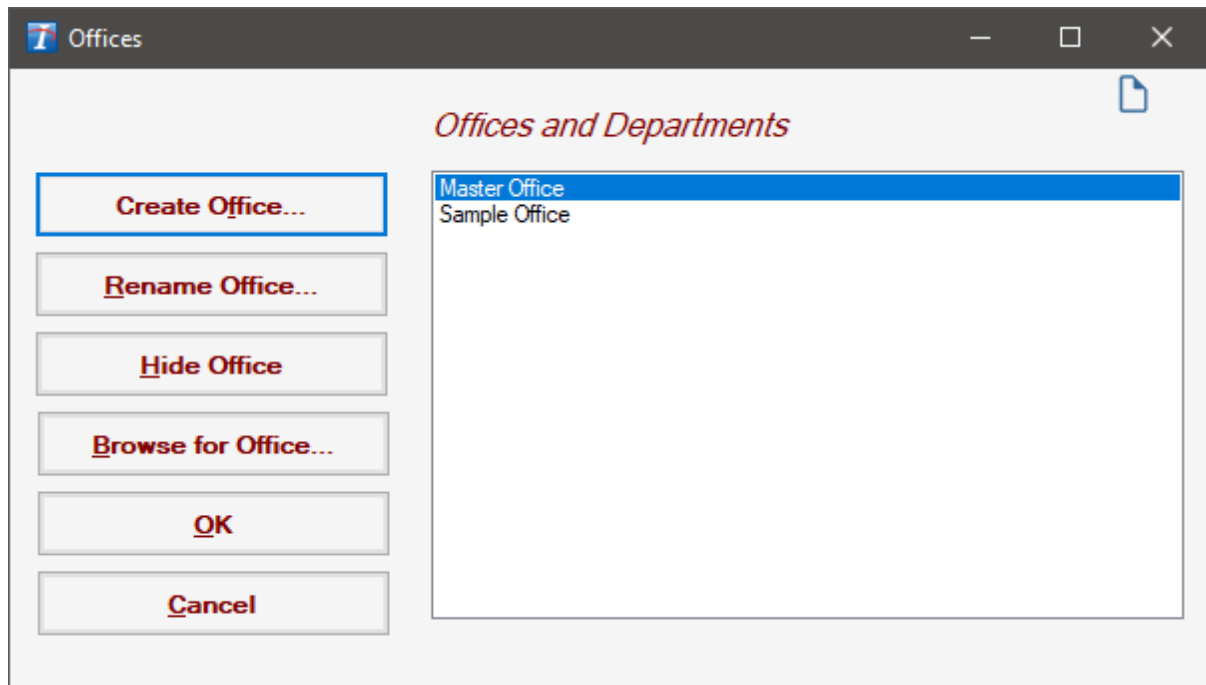
8 Offices

Intelicode® allows you to maintain multiple databases or offices. Learn how to create offices, rename offices and how to manipulate your databases in the following sections. (Some information does not apply to Intelicode Solo as Solo is designed for a single Office.)

8.1 Create Office

To create a new office:

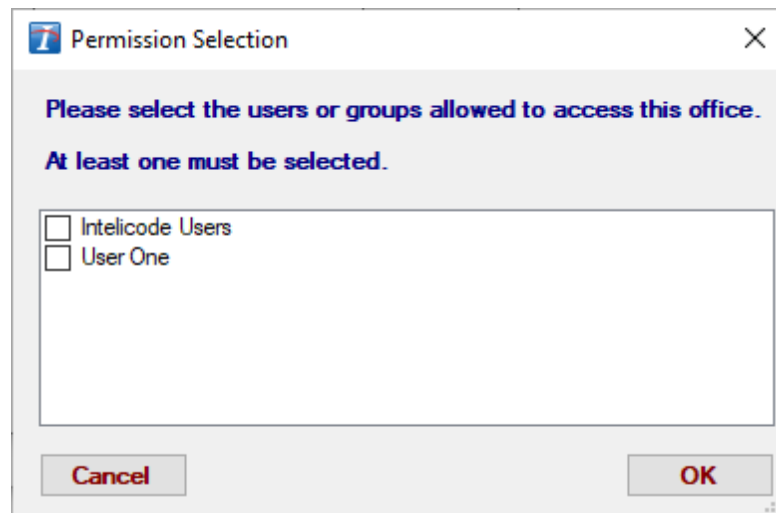
1. After logging in, the next screen to come up is the **Offices and Departments** screen. You can also access this screen after selecting an office and then clicking on the **Office** menu at the top of the screen and then clicking on **Create/Change - Offices/Departments**
2. You must have permission to create an office. If you do not, the **Create Office** button will have gray text. If this is the case, you will have to either be given permissions by your **Administrator** or you will have to have your **Administrator** create the office. To learn more about managing offices, permissions, and users, see the Administration help page.



3. Click **Create Office**. The **Office Management** screen will come up.
4. Fill in the necessary information and click **OK**. The **Office Management** screen disappears.

5. To begin using this office, click the office name on the **Offices and Departments** screen and click **OK**.

6. When using a Windows Login, you may be prompted to configure permissions if your permissions have been granted by multiple methods, e.g., granted directly to you and to a group where you are a member. If this happens, check the boxes for the appropriate user or groups, then click **OK** to finish creating the office.



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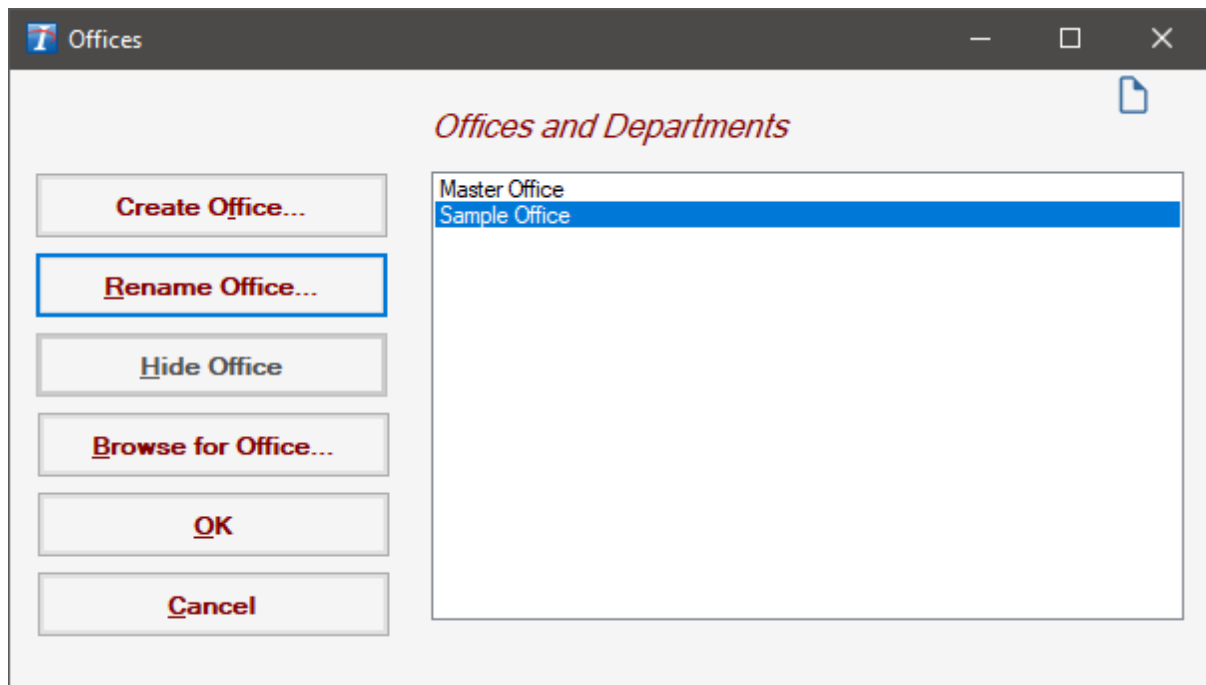
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8.2 Rename Office

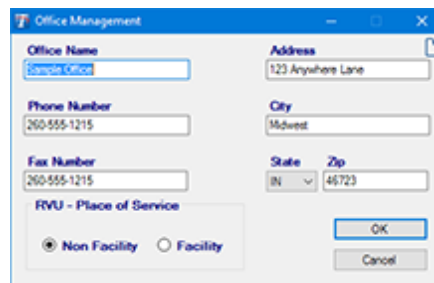
To rename an office:

1. After logging in, the next screen to come up is the **Offices and Departments** screen. You can also access this screen after selecting an office and then clicking on the **Office** menu at the top of the screen and then clicking on **Create/Change - Offices/Departments**
2. You must have **Administrator** privileges to rename an office. If

you do not have this privilege, the **Rename Office** button will have gray text. If this is the case, you will have to either be reassigned as an **Administrator** or you will have to have an **Administrator** create the office. To learn more about managing offices, permissions, and users, see the Administration help page.



3. Click **Rename Office**. The **Office Management** screen will come up.
4. Edit the **Office Name** and any other necessary information that needs to be changed and click **OK**. The **Office Management** screen disappears



5. To begin use office, click the office name on the **Offices and Departments** screen and click **OK**.

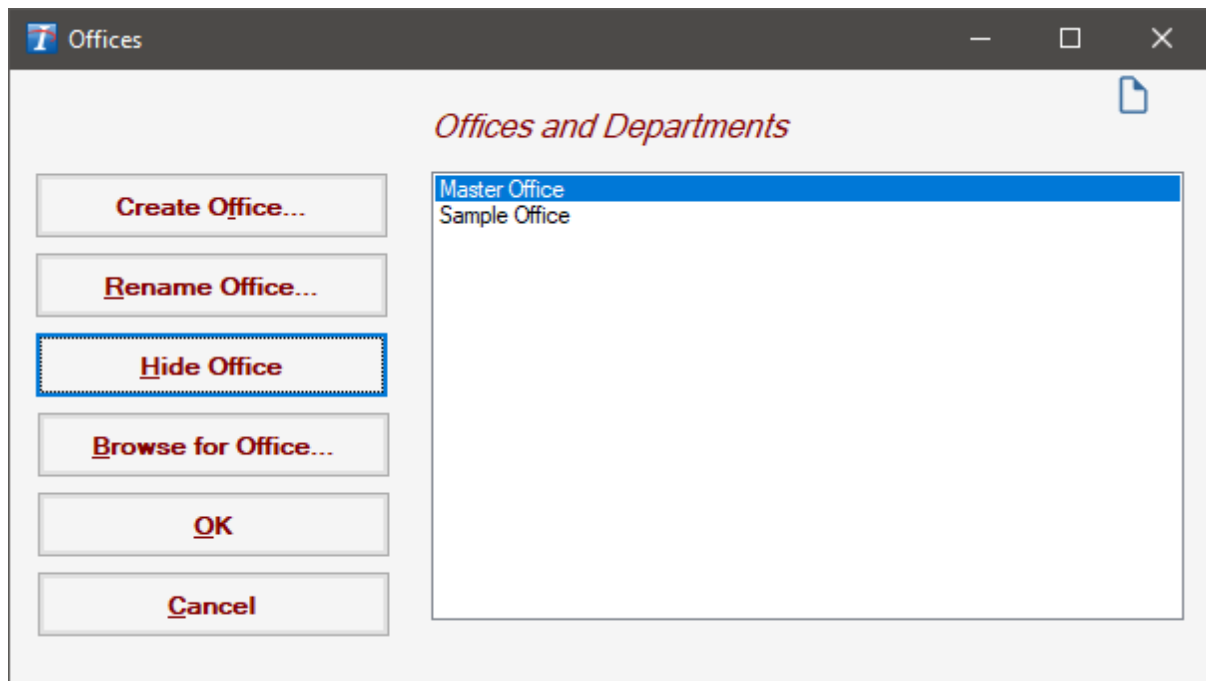
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8.3 Remove Office

To remove (hide) an office:

1. After logging in, the next screen to come up is the **Offices and Departments** screen. You can also access this screen by selecting an office and then clicking on the **Office** menu at the top of the screen and then clicking on **Create/Change - Offices/Departments**



2. Click **Hide Office**. The office is removed from the **Offices and Departments** screen. The office is not deleted from your

database.

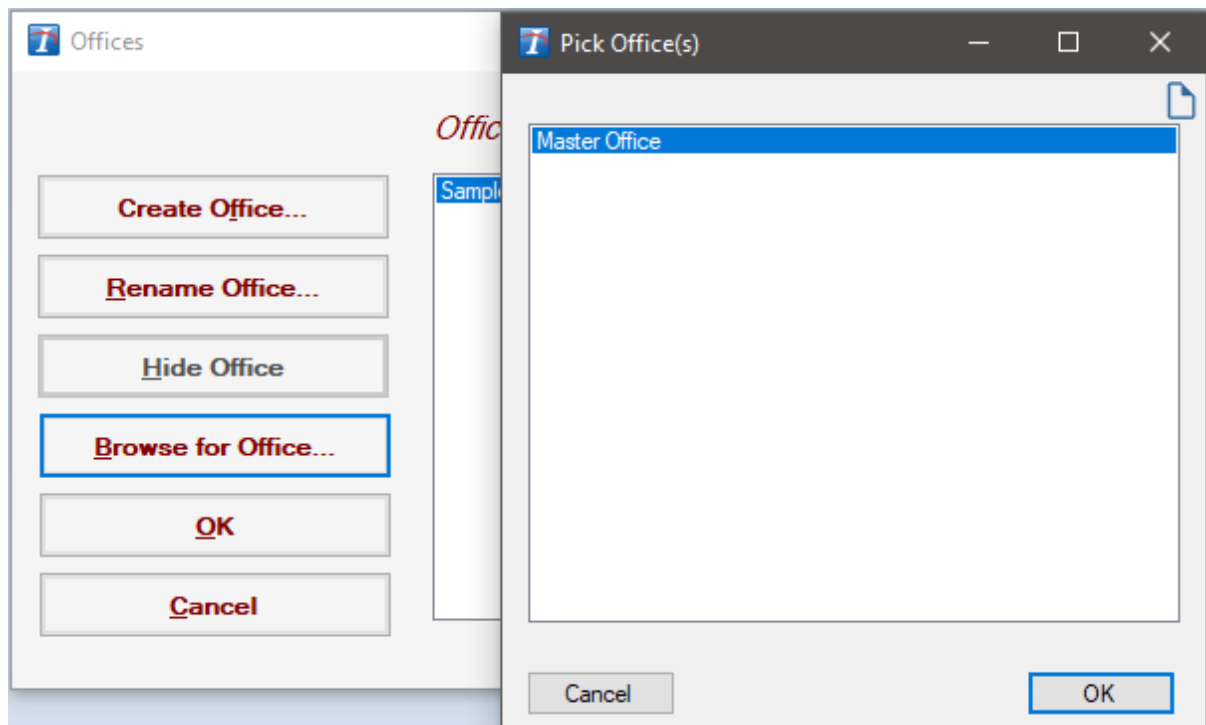
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8.4 Browse for Office

To browse for an office:

1. After logging in, the next screen to come up is the **Offices and Departments** screen. You can also access this screen after selecting an office and then clicking on the **Office** menu at the top of the screen and then clicking on **Create/Change - Offices/Departments**



2. Click **Browse for Office**. The **Pick Office** window will appear showing any available offices. If the office you are looking for is not showing, your Administrator may need to add it.

3. To select the office that you wish to add to the **Offices and Departments** screen, click on it.
4. Then click **OK**. The **Pick Office** screen will disappear and the office you had selected will be added to the **Offices and Departments** screen.

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8.5 Multiple Offices

There are many reasons for creating and maintaining multiple offices in Intelicode[®]. We need to look at our Intelicode[®] data in much the same way as we would a file cabinet. Good filing practices make finding and managing information easier. You might create one Office for each clinic, site, department, or by client. You might wish to create a new Office for each year, quarter, or month, depending upon the amount of data. You have a great deal of flexibility. See the points below for more tips on using multiple offices.

I. Multiple Offices in Visit Summaries:

- a. Notice, first, the lower-left portion of the screen. There is a white box beneath the heading that says **Select Office/ Department(s) to Query**. The office that is selected is the office that is being used to display the data in the grid on the right side of the screen.
- b. To display data from multiple offices, hold down **Ctrl** key and select other offices. You can also hold down the **Shift** key and

click to select a group of offices at one time.

- c. The data showing in the grid is a combination of the two offices. You can sort and filter this data just as if it were all in one office.
- d. You can even run any report using the data from multiple offices!

Visit Summaries

Date Range By:
☒ Audit Date ☐ Visit Date
 12/13/2011 7/24/2019

Status **Var** **Billed E&M**

Provider ☒ Attending ☐ Requesting
 All Providers (Click here to change)

Specialty/Sub Specialty

Service Type

Note Macro

Reviewer/Auditor

Clear All Filters

Office/Department(s) to query
 Master Office
 Sample Office

Query Mode
☒ Auto ☐ Manual **Query Now**

Reports
Print Selected
Edit Visit **Close**

	Visit ID	Pat. ID	Patient	Visit Dt.	Audit Dt.	Revision Dt.	Stat	DOB	Points	TP
▶	85	167	Bebee, Betty	07/23/2019	07/23/2019	07/24/2019	Est	07/27/1952	63	
	84	123	Public, John	07/18/2019	07/18/2019	07/18/2019	Est	01/05/1963	100	
	82	67890	Patient, Six	01/15/2014	01/15/2016	07/18/2019	New		100	
	83	123	Public, John	07/18/2019	07/18/2019	07/18/2019	Est	01/05/1963	100	
	3	67890	Patient, Six	01/15/2014	01/15/2016	07/17/2019	New		95	
	81	123	Public, John	07/17/2019	07/17/2019	07/17/2019	Est	01/05/1963	95	
	5	34567	Patient, Three	05/01/2014	01/15/2016	01/15/2016	New		95	
	54	23456	Patient, Two	05/01/2014	01/15/2016	01/15/2016	New		95	
	65	56789	Patient, Five	05/01/2014	01/15/2016	01/15/2016	New		95	
	66	45678	Patient, Four	05/01/2014	01/15/2016	01/15/2016	New		95	
	79	12345	Patient, One	05/01/2014	01/15/2016	01/15/2016	New		95	
	2	4896	Werlington, Wilma	05/08/2014	05/08/2014	05/08/2014	Est	08/30/1952	95	
	6	65465	Courtner, Gerald	05/08/2014	05/08/2014	05/08/2014	Est	03/21/1957	95	
	17	4896	Werlington, Wilma	05/08/2014	05/08/2014	05/08/2014	Est	08/30/1952	95	
	19	4896	Werlington, Wilma	05/08/2014	05/08/2014	05/08/2014	Est	08/30/1952	95	
	43	608353	Hennin, Jennifer	05/08/2014	05/08/2014	05/08/2014	Est	02/06/1935	95	
	48	641748	Bailey, Wilma	05/08/2014	05/08/2014	05/08/2014	Est	08/29/1927	95	
	53	65432	Dooley, Jamison	05/08/2014	05/08/2014	05/08/2014	Est	07/15/1943	95	
	56	5544	Hollywell, Holly	05/08/2014	05/08/2014	05/08/2014	Est	06/05/1968	95	
	67	65432	Dooley, Jamison	05/08/2014	05/08/2014	05/08/2014	New	07/15/1943	95	
	70	708519	Markson, Mark	05/08/2014	05/08/2014	05/08/2014	Est	02/06/1937	95	

Preventive Visits are shown in red. Sick Visits are shown in blue.

Total Visits	Accurately Coded	Under Coded/Billed	Over Coded/Billed	Wrong Category(WC)	Procedure Accuracy	Diagnosis Accuracy
# 61	15 24.59 %	11 18.03 %	4 6.56 %	40 65.57 %	7 85.71 %	4 75 %

Total Billed	Gross Financial Error	Under Billed	Over Billed	Non-Compliant TP (*)	ProvRVU	UserRVU	Total Points
\$ 2,734.10	37.1 %	\$ 845.79	\$ 168.53	0 0 %	80.99	100.87	5,805/6,100

Legibility (I) - Some portions of this entire note includes documentation where legibility is at least questionable or extremely poor.

Legibility (R) - General Principles of Medical Record Documentation include: "The medical record should be complete and legible." A good definition of "legibility" is that it must be legible to someone outside the practice or facility. Dictation should be considered to improve legibility and reduce potential claims issues and risk to the practice or facility for any provider with poor

Legibility (I)
 Legibility (R)

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8.6 Copy and Send Between Offices

In Intelicode®, you have the ability to "Copy" or "Send" various items from office to office.

I. Copying and Sending from the Management Screen:

a. Send to Another Office:

- i. Select the record(s) that you want to be sent (copied) to the corresponding table in another office(s).
- ii. Click the **Send to Another Office** button. The **Pick Office(s)** pop-up window will appear.
- iii. Select the office(s) that you would like to send this record (s) to.
- iv. Click **OK** to send the record(s). The records remain in this office and are now copied to the corresponding table in the other office(s) selected.
- v. If there is a record from the selected office(s) that has the same ID as a record in the data you are sending, you will be asked if you want to overwrite:
 - ✍ The **All** option will tell Intelicode® to overwrite any and all records (from this point forward in this process) that have an ID that matches the ID in the data you are sending.
 - ✍ The **None** option will tell Intelicode® to not overwrite any records for this particular copy from this point forward in this process.

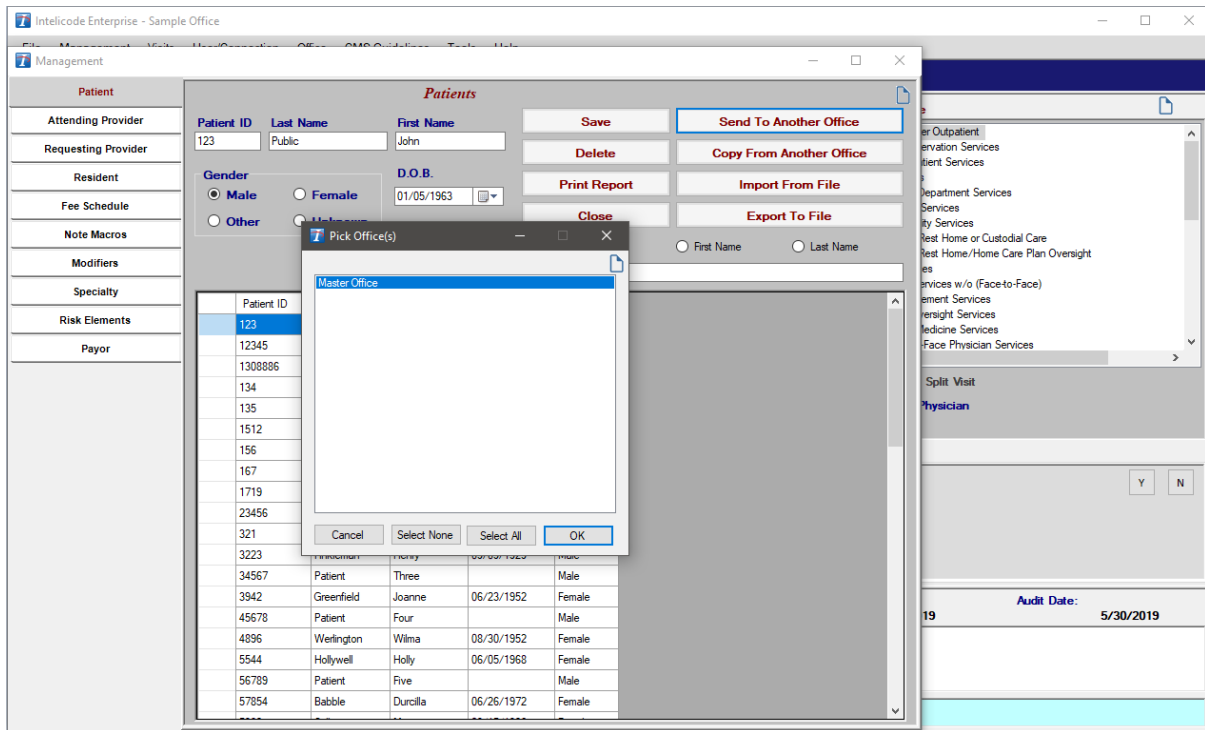
- ✍ The **Yes** option will tell Intelicode® to overwrite this one particular record and only this record.
- ✍ The **No** option will tell Intelicode® to not overwrite this one particular record and only this record.
- ✍ The **Cancel** option will stop the entire Send process.

b. Copy From Another Office:

- i. Click the **Copy From Another Office** button.
- ii. Select the office(s) from which you wish to copy all of its records from its corresponding table.
- iii. Click **OK**. The records from the office(s) you selected are now a part of the corresponding table in the current office.
- iv. If there is a record from the selected office(s) that has the same ID as a record from your current table, you will be asked if you want to overwrite:
 - ✍ The **All** option will tell Intelicode® to overwrite any and all records that have an ID that matches the ID in the current table.
 - ✍ The **None** option will tell Intelicode® to not overwrite any records for this particular copy.
 - ✍ The **Yes** option will tell Intelicode® to overwrite this one particular record and only this one.
 - ✍ The **No** option will tell Intelicode® to not overwrite this one particular record. If there are any more duplicate records, you will be asked the question again pertaining to

each of the other records so long as you click **No**.

✍ The **Cancel** option will stop the entire Copy process.



2. Sending Visits from Visit Summaries:

- a. Select the visit(s) you wish to send.
- b. When you have the visit(s) selected, right-click anywhere in the grid and click **Send Visit(s) to Another Office**.
The **Pick Office(s)** window appears.
- c. Choose the office(s) that you want to send the visits to by clicking on the office name.
- d. Duplicate visits will be ignored.
- e. Use the **Shift** key and the **Ctrl** key to select multiple offices.

The screenshot shows the 'Visit Summaries' application window. On the left is a sidebar with filters for Date Range, Status, Provider, Specialty, Service Type, Note Macro, Reviewer/Auditor, and Office/Department. The main area displays a table of visits with columns: Visit ID, Pat. ID, Patient, Visit Dt., Audit Dt., Revision Dt., Stat, DOB, Points, and TP. A context menu is open over the table, showing options like 'Select Grid Columns...', 'Reset Grid to Default', 'Export Grid Layout...', 'Import Grid Layout...', 'Show History...', 'Delete Visit(s)', 'Archive Visit(s)', and 'Send Visit(s) to Another Office...'. Below the table, there are summary statistics for Total Visits, Total Billed, and various accuracy metrics. At the bottom, there is a 'Query Mode' section with 'Auto' and 'Manual' options, and buttons for 'Reports', 'Print Selected', 'Edit Visit', and 'Close'.

Visit ID	Pat. ID	Patient	Visit Dt.	Audit Dt.	Revision Dt.	Stat	DOB	Points	TP
85	167	Bebbee, B				Est	07/27/1952	63	
83	123	Public, Jo				Est	01/05/1963	100	
3	67890	Patient, S				New		95	
81	123	Public, Jo				Est	01/05/1963	95	
5	34567	Patient, T				New		95	
54	23456	Patient, T				New		95	
65	56789	Patient, F				New		95	
66	45678	Patient, F				New		95	
79	12345	Patient, C				New		95	
2	4896	Werlingto				Est	08/30/1952	95	
6	65465	Courtner, Gerald	05/08/2014	05/08/2014	05/08/2014	Est	03/21/1957	95	
17	4896	Werlington, Wilma	05/08/2014	05/08/2014	05/08/2014	Est	08/30/1952	95	
19	4896	Werlington, Wilma	05/08/2014	05/08/2014	05/08/2014	Est	08/30/1952	95	
43	608353	Hennin, Jennifer	05/08/2014	05/08/2014	05/08/2014	Est	02/06/1935	95	
48	641748	Bailey, Wilma	05/08/2014	05/08/2014	05/08/2014	Est	08/29/1927	95	
53	65432	Dooley, Jamison	05/08/2014	05/08/2014	05/08/2014	Est	07/15/1943	95	
56	5544	Hollywell, Holly	05/08/2014	05/08/2014	05/08/2014	Est	06/05/1968	95	
67	65432	Dooley, Jamison	05/08/2014	05/08/2014	05/08/2014	New	07/15/1943	95	
70	708519	Markson, Mark	05/08/2014	05/08/2014	05/08/2014	Est	02/06/1937	95	
73	669979	Sayre, Hank	05/08/2014	05/08/2014	05/08/2014	Est	02/09/1949	100	
74	707652	Sunder, Erica	05/08/2014	05/08/2014	05/08/2014	Est	03/21/1930	100	

Preventive Visits are shown in red. Sick Visits are shown in blue.

Total Visits	Accurately Coded	Under Coded/Billed	Over Coded/Billed	Wrong Category(WC)	Procedure Accuracy	Diagnosis Accuracy
# 59	14 23.73 %	11 18.64 %	4 6.78 %	39 66.1 %	7 85.71 %	4 75 %

Total Billed	Gross Financial Error	Under Billed	Over Billed	Non-Compliant TP (*)	ProvRVU	UserRVU	Total Points
\$ 2,734.10	37.1 %	\$ 845.79	\$ 168.53	0 0 %	80.99	100.87	5,605/5,900

Legibility (I) - Some portions or this entire note includes documentation where legibility is at least questionable or extremely poor.

Legibility (R) - General Principles of Medical Record Documentation include: "The medical record should be complete and legible." A good definition of "legibility" is that it must be legible to someone outside the practice or facility. Dictation should be considered to improve legibility and reduce potential claims issues and risk to the practice or facility for any provider with poor

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8.7 Export Offices

1. This tool with export the current office to a portable format.
2. To **Export** an office, click on the **Tools** menu at the top of the screen.
3. Then, click the **Export Office** menu item. A **Save As** dialog will appear.
4. Browse to the location where you would like to save the

exported office.

5. Choose the file name if you wish but it is highly recommended that you retain the ".ited" extension.
6. Click **Save**. The **Export** should be completed shortly.

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8.8 Merge Offices

1. To **Merge** an office with an exported office, click on the **Tools** menu at the top of the screen.
2. Then, click the **Merge Office** menu item. A **Open** dialog will appear with the title **Merge Intelicode Office**.

3. Browse to the location of the office you would like the current office to be merged with.
4. Select the office file.
5. Click **Open**. The **Merge** should be completed shortly.

The screenshot shows the Intelicode Enterprise - Sample Office application. The 'Tools' menu is open, highlighting the 'Merge Office...' option (Alt+W). The main window is divided into several sections:

- Pending Audits:** Includes an 'Audit Prep...' button and an 'Import...' button. Below is a table with columns 'Patient ID' and 'Provider ID'.
- Visit Information:** Contains fields for 'Patient ID...', 'Last Name', 'Patient Status' (New, Established, Other), 'D.O.B.', 'Attending Provider', 'Visit Date' (Monday, November 12, 2018), 'Requesting Provider', 'Payor', 'RVU - Place of Service' (Non Facility, Facility), 'Fee Schedule', and 'Documentation...'. There is also a section for 'Incident To', 'Interactive Complexity', and 'Prolonged Service'.
- Service Type:** A list of service types including 'Office or Other Outpatient', 'Hospital Observation Services', 'Hospital Inpatient Services', 'Consultations', 'Emergency Department Services', 'Critical Care Services', 'Nursing Facility Services', 'Domiciliary, Rest Home or Custodial Care', 'Domiciliary, Rest Home/Home Care Plan Oversight', 'Home Services', 'Prolonged Services w/o (Face-to-Face)', 'Case Management Services', 'Care Plan Oversight Services', 'Preventive Medicine Services', and 'Non-Face-to-Face Physician Services'. There are also checkboxes for 'Preventive Split Visit' and 'Teaching Physician'.
- Re-Audits:** Includes an 'Assign Points...' button.
- Footer:** Displays 'Font: Microsoft Sans', 'Size: 8.25', 'Color: ■', 'Note Macros...', 'Revised Date: 11/12/2018', and 'Audit Date: 11/12/2018'.

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9 Miscellaneous

Couldn't find the screen or information you were looking for? Miscellaneous is the section that explains those extra things. Covering areas such as: Consult Verification, the Running Tally, and even how to Archive a Provider/Resident, this section provides information not found elsewhere.

9.1 Archive Providers and Residents

1. Click on the **Management** menu at the top of the screen.
2. Click on **Attending Provider**, **Requesting Provider**, or **Resident** depending upon what you want to archive. A screen will appear corresponding to the option that you selected.
3. Select the record(s) you wish to have archived by clicking on the row.
4. Then, look for the **Archive Provider** or **Archive Resident** heading next to a check box. Click on the check box or on the text itself. The box will become checked.
5. With the record(s) selected and the box checked, click the **Save** button.

Provider ID	First Name	Last Name	Specialty	Default Exam Type	Default Fee Schedule	Archived
3	Lotta	Carrington MD		Body Areas/Organ Systems (95)		<input checked="" type="checkbox"/>
6523	Lawrence	Farrington MD		Neurological Exam (97)		<input type="checkbox"/>
4	Elwood	Farrington MD		Ear, Nose and Throat Exam (97)		<input type="checkbox"/>
2	Dona	Feelgood MD		Body Areas/Organ Systems (95)		<input type="checkbox"/>
9999	John	Miller		Musculoskeletal Exam (97)		<input type="checkbox"/>
5	Beaumont	Wellington MD		General Mult System Exam (97)		<input type="checkbox"/>
1	Marcus	Welmore MD		General Mult System Exam (97)		<input type="checkbox"/>

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9.2 Automatic Updates

Intelicode[®] offers automatic update notification for our users who are connected to the Internet. When Intelicode[®] is launched, it will check if any updates are available. If it finds an update, it will prompt you to download the latest version. You can also manually **Check For Updates** by clicking on the **Help** menu at the top of the screen, and then clicking the **Check For Updates** option.

1. The **Update Summary** section will contain information pertaining to the latest update.
2. To view the details of changes in Intelicode, click the **View Full**

Change Log link directly under the **Update Summary** section

3. To download the latest version of Intelicode®, click on the **Yes** button. This will open your default web browser and navigate to the update page. It will also close the update notification screen and continue to load Intelicode.
4. Follow all instructions on the update page to download and install the current update.
5. Clicking **Close** button will close the update notification screen and continue to load Intelicode.
6. If you choose not to update, each time Intelicode® is launched you will see the update notification screen until the latest version is installed.
7. If you no longer want to be automatically notified when updates are available; either check the **Do not notify me again** checkbox or change the setting in the Preferences screen to permanently opt out of being prompted. If you only want to skip the current update, check the **Do not notify me for this version** checkbox. This option will skip the current update but prompt you again for any future updates.

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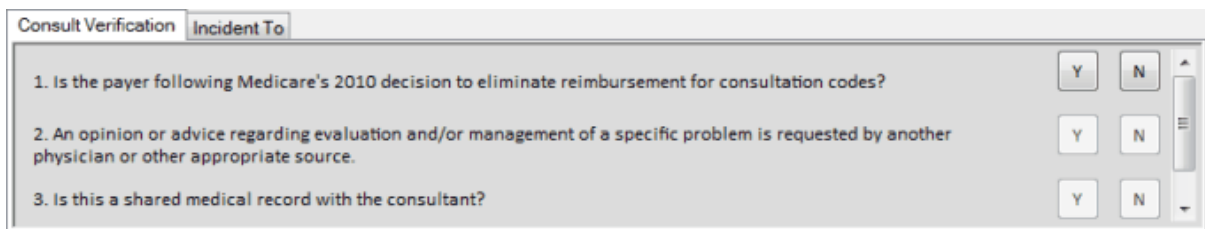
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9.3 Consult Verification

- I. When choosing the **Consultations** service from the **Patient Screen**, the **Consult Verification** tab becomes available in the

section just below the **Service Type** section.

2. You will be prompted to answer the following questions. If the **Require Consult Verification** checkbox is unchecked in Preferences, you will be able to continue without answering the questions. Once the questions have been answered appropriately, you may complete the rest of the review.



Consult Verification Incident To

1. Is the payer following Medicare's 2010 decision to eliminate reimbursement for consultation codes?	Y	N
2. An opinion or advice regarding evaluation and/or management of a specific problem is requested by another physician or other appropriate source.	Y	N
3. Is this a shared medical record with the consultant?	Y	N

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9.4 Customized Visit Grid

1. Click on the **Visits** menu at the top of the screen.
2. Select the **Visit Summaries** option by clicking on it.
3. To customize which columns are visible in the grid, right-click anywhere in the grid and click on **Select Grid Columns**. Check on or off the desired columns (fields) by clicking the column name or on its corresponding check box.

Visit Summaries

Date Range By:
☐ Audit Date ☒ Visit Date
 11/12/2013 11/12/2018

Status **Var** **Billed E&M**
 [Dropdown] [Dropdown] [Dropdown]

Provider ☒ Attending ☐ Requesting
 All Providers (Click here to change)

Specialty/Sub Specialty
 [Dropdown]

Service Type
 [Dropdown]

Note Macro
 [Dropdown]

Reviewer/Auditor
 [Dropdown]

Clear All Filters

Office/Department(s) to query
 Master Office
 Sample Office

Query Mode
☒ Auto ☐ Manual **Query Now**

Reports
Print Selected
Edit Visit **Close**

Pat. ID	Patient	DOB	Reviewer	Visit Dt.	Audit Dt.	Provider	Requ
4896	Werlington, Wilma	08/30/1952	Auditor, A	05/08/2014	05/08/2014	Miller, John	
65465	Courtner, Gerald	03/21/1957	Auditor, A	05/08/2014	05/08/2014	Wellmore MD, Ma...	
48				014	05/08/2014	Wellington MD, B...	
48				014	05/08/2014	Wellmore MD, Ma...	
64				014	05/08/2014	Fanwood MD, El...	
64				014	05/08/2014	Feelgood MD, D...	
65				014	05/08/2014	Wellington MD, B...	
55				014	05/08/2014	Farthington MD, ...	
65				014	05/08/2014	Miller, John	
70				014	05/08/2014	Feelgood MD, D...	
66				014	05/08/2014	Farthington MD, ...	
70				014	05/08/2014	Fanwood MD, B...	
35				014	05/07/2014	Fanwood MD, El...	
35				014	05/07/2014	Feelgood MD, D...	
15				014	05/01/2014	Fanwood MD, El...	
15				014	05/01/2014	Feelgood MD, D...	
16				014	05/01/2014	Miller, John	
32				013	05/01/2014	Wellmore MD, Ma...	
81				014	05/01/2014	Wellington MD, B...	
13				014	04/18/2014	Wellington MD, B...	
134	hnestein, Fred	06/30/1959	Auditor, A	04/18/2014	04/18/2014	Miller, John	

Preventive Visits are shown in red. Sick Visits are shown in blue.

Total Visits	Accurately Coded	Under Coded/Billed	Over Coded/Billed	Wrong Category(WC)	Procedure Accuracy	Diagnosis Accuracy
# 50	13 26 %	11 22 %	3 6 %	32 64 %	7 85.71 %	4 100 %
Total Billed	Gross Financial Error	Under Billed	Over Billed	Non-Compliant TP (*)	ProvRVU	UserRVU
\$ 2,734.10	37.1 %	\$ 845.79	\$ 168.53	0 0 %	80.99	100.87
					Total Points	
					5,000/5,000	

Reviewed with patient about complications with twins.

- To customize the order in which the columns display, simply click on one of the column headings at the top of the grid, hold down the mouse button and drag it across to the desired location. Intelicode® will remember your column order even after exiting the program and returning.
- To sort the data according to the ascending or descending order of the data in a particular column, simply click on that column heading at the top of the grid. Click the column heading again to toggle between ascending or descending order.

Pat ID	Payor	Visit Dt	Audit Dt	Patient	Stat	Service Type
776004		04/16/2014	04/17/2014	Hon, Ralph	Est	Emergency Department Services - Emergency Department Visit
4896		05/08/2014	05/08/2014	Wierington, Wilma	Est	Case Management Services - Team Conference, with (Face-to-Face)
67890		01/15/2014	01/15/2015	Patient, Sri	New	Home Services - Initial Visit
34567		05/01/2014	01/15/2015	Patient, Three	New	Nursing Facility Services - Subsequent Nursing Facility Care
65455		05/08/2014	05/08/2014	Courtner, Gerald	Est	Preventive Medicine Services - Individual Counseling
814531		04/17/2014	04/17/2014	Lacey, Mitchell	Est	Hospital Observation Services - Subsequent Observation Care
134		04/18/2014	04/18/2014	Freinstein, Fred	Est	Nursing Facility Services - Nursing Facility Discharge Services
7878		04/16/2014	04/16/2014	Santos, Miguel	Est	Consultations - Office Consultations
134		04/18/2014	04/18/2014	Freinstein, Fred	Est	Nursing Facility Services - Subsequent Nursing Facility Care
6455		04/16/2014	04/16/2014	Johnson, James	New	Office or Other Outpatient - Initial Visit
5982		04/16/2014	04/17/2014	Sullivan, Maria	Est	Emergency Department Services - Other Emergency Services
4896		05/08/2014	05/08/2014	Wierington, Wilma	Est	Case Management Services - Team Conference, w/o (Face-to-Face)
4896		05/08/2014	05/08/2014	Wierington, Wilma	Est	Case Management Services - Team Conference, w/o (Face-to-Face)
1512		05/01/2014	05/01/2014	Swartz, Gary	New	Home Services - Initial Visit
707567		04/16/2014	04/17/2014	Sayre, B.J.	Est	Consultations - Inpatient Consultations
9874		04/16/2014	04/16/2014	Shore, Sheri	New	Problem With Documentation - Other
156		05/01/2014	05/01/2014	Singleton, Suzie	Est	Home Services - Follow-Up
84949		04/17/2014	04/17/2014	Bailey, Bubba	Est	Hospital Observation Services - Observation Care Discharge Service
134		04/18/2014	04/18/2014	Freinstein, Fred	Est	Nursing Facility Services - Initial Nursing Facility Care
57854		04/16/2014	04/17/2014	Babbie, Dorothea	Est	Consultations - Office Consultations
84949		04/16/2014	04/16/2014	Bailey, Bubba	New	Hospital Observation Services - Initial Observation Care

Preventive Visits are shown in red. Sick Visits are shown in blue.

Total Visits	Accountly Coded	Under Coded/Billed	Over Coded/Billed	Wrong Category(WC)	Procedure Accuracy	Diagnosis Accuracy
57	13 22.81 %	11 19.3 %	3 5.26 %	39 68.42 %	7 85.71 %	4 75 %
Total Billed	Gross Financial Error	Under Billed	Over Billed	Non-Compliant TP (*)	ProvRVU	UserRVU
\$ 801.16	125.87 %	\$ 839.93	\$ 168.53	0 0 %	23.34	43.04
					Total Points	
					5,700/5,700	

☒ Auto ☐ Manual

Patient had a stroke. Patient seemed dazed and confused.
 Injection Documentation (I) - The injection was not documented properly.
 Injection Documentation (R) - Injections should be documented with the following information: name and strength of medication, dose/amount, route (IM, subQ, IV, etc.), location (if upper arm, it, buttock, etc.), for medico-legal purposes, log and batch it should also be listed.

- To alter the width of any given column, use your mouse to put the cursor on the column heading bar on the line that separates the columns, hold down the mouse button, and drag the column divider to the desired position. Intellicode® will remember your column widths even after you have exited the software and returned.
- To reset your columns to their original settings, right-click on the grid and then click **Reset Grid to Default**.
- To filter the data based on a particular field, use the drop down boxes on the left side of the screen. Intellicode will remember your filter settings even after exiting the program and returning. To reset the filters to their original settings, click **Clear All Filters**.
- See the Visit Summaries help page for more information.

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9.5 Date Of Birth

In Intelicode[®], the Date of Birth (D.O.B.) is not required. Various E&M codes are age driven and require a Date Of Birth to be entered to generate a code (i.e. Preventive Medicine, Critical Care).

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9.6 EZ Help

EZHelp™

As you move your mouse over various elements within the Intelicode[®] program, you will notice that the text in the light blue window offers useful tips and helpful reminders. We call this EZHelp™.

Hospital Inpatient Services - 99221 - 99239. These codes are used to report evaluation and management services provided to hospital inpatients. Hospital inpatient services include those services provided to patients in a "partial hospital" setting. These codes are to be used to report these partial hospitalization services. See also psychiatry notes in the full text of CPT.

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9.7 Provider vs. Reviewer E&M

I. To indicate the **Provider** or **Billed** code, click on the

appropriate (or not so appropriate as the case may be) code in the list of E&M codes under the **Provider E&M** heading on the **End Screen**, and Intellicode® will calculate a **Variance** and an **Overbilled** or **Underbilled** amount (based on your currently selected fee schedule).

2. If you don't have a fee schedule, you can still report on those services that are inappropriately coded. The **Variance** is calculated by looking at the **Service Category**.
3. For example, if the software calculates a 99213 and the provider billed a 99214, Intellicode® will see that both codes are from the same category (99211-99215) and calculates the difference between the **Provider (Billed)** and **Reviewer (Audited)** code.
4. Regardless of whether or not you use a Fee Schedule, Intellicode will keep a running total on **Overbilled**, **Underbilled**, **Wrong Category**, and **Non-Compliant Teaching Physician** visits.

The screenshot displays the 'Intellicode Enterprise - Sample Office' application window. The top menu bar includes 'File', 'Management', 'Visits', 'User/Connection', 'Office', 'CMS Guidelines', 'Tools', and 'Help'. Below the menu is a navigation bar with tabs: 'Patient', 'History', 'Exam', 'Decision', 'End', and 'Finish'. The 'End' tab is active, and the patient ID '99213' is displayed in the top right corner.

The main interface is divided into several sections:

- Visit Information:** Contains fields for 'Visit Date' (7/23/2019), 'Age' (66), 'Patient ID' (167), 'Patient Name' (Beebe, Betty), 'Status' (Established), 'Sex' (F), 'Service Type' (Office or Other Outpatient - Established Patient), 'Provider' (Miller, John), 'Requester', 'Resident', 'Reviewer' (Auditor, A #100), 'Payor', 'History' (Expanded), 'Exam' (Expanded (37)), and 'Decision' (Low Complexity).
- Comparison:** This section compares the 'Provider E&M' code (99214) with the 'Reviewer E&M' code (99213). It shows the 'Variance' (100.00) and 'Conversion Factor %' (100.00). A table lists the 'Fee' and 'RVU' for both codes. The 'Fee Schedule' is set to 'Other', and the 'Total' fee is \$0.00.
- E&M Services:** This section shows the 'Provider' code (99214) and the 'Reviewer' code (99213). It includes fields for 'Add On' codes and 'Add on' amounts. The 'Dx' field is set to 'Same'.

At the bottom of the window, there is a 'Note Macros...' button and a 'Legibility (R)' section. The 'Audit Date' is 7/23/2019, and the 'Revised Date' is 7/23/2019. A footer note states: 'Counseling Time for Time-Based codes must be more than 50% of the total time of the visit. Total time of the visit excludes prolonged services and uses the E&M time for the base code when this is checked.'

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9.8 Running Tally

Intelicode[®] keeps a "running tally". You will notice the code changing as your **History**, **Exam**, and **Decision** levels change.

NOTE: Depending on the CPT code, the "key components" required, and the documentation, you may not see a code even after completing the audit.

EXAMPLE: A **Hospital Inpatient Services - Initial Hospital Care** (codes 99221-99223) requires documentation in each of the three key components (**History**, **Exam**, and **Medical Decision Making**). A **99221** requires a **Detailed and Comprehensive History**, a **Detailed or Comprehensive Examination**, and a **Straightforward** or **Low Complexity MDM**. If you only document a **Detailed History**, an **Expanded Exam**, and a **Straightforward MDM**, for example, Intelicode will not give you a code.

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9.9 Wrong Category

In situations where the **Provider** billed the wrong category (i.e. a **99205** rather than a **99213**), Intelicode® will calculate a **WC** rather than a **Variance**. The totals in **Visit Summaries** will reflect the **Total Wrong Category** in addition to the **Overbilled** and **Underbilled** visits.

Intelicode Enterprise - Sample Office

File Management Visits User/Connection Office CMS Guidelines Tools Help

Patient History Exam Decision **End** Finish 99213 Modifiers

Visit Information

Visit Date: 7/23/2019 Age: 66

Patient ID: 167

Patient Name: Bebee, Betty

Status: Established Sex: F

Service Type: Office or Other Outpatient - Established Patient

Provider: Miller, John

Requester:

Resident:

Reviewer: Auditor, A #100

Payor:

History: Expanded

Exam: Expanded (97)

Decision: Low Complexity

Comparison

Time

Face to Face: 0 Min Prolonged Face to Face: 0 Min

Counseling: 0 Min Psychotherapy Face to Face: 0 Min

☐ Counseling Time based on E&M Time Only

Provider E&M: 99205

Variance: WC

Conversion Factor %: 100.00

Fee Schedule

Fee	RVU
E&M \$0.00	0.00
Other \$0.00	0.00
Total \$0.00	0.00

E&M Services **Other Services**

Provider: 99205

Reviewer: 99213

Provider Code: 99205 Modifier: 1 Add On: 1

Reviewer Code: 99213 Modifier: 1 Add On: 1

Medical Necessity

Note Macros...

Audit Date: 7/23/2019 Revised Date: 7/24/2019

Legibility (L) - Some portions of this entire note includes documentation where legibility is at least questionable or extremely poor.

Legibility (R) - General Principles of Medical Record Documentation include: "The medical record should be complete and legible." A good definition of "legible" is that it must be legible to someone outside the practice or facility. Dictation should be considered to improve legibility and reduce potential claims issues and risk to the practice or facility for any provider with poor penmanship.

99205 Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history, a comprehensive examination, and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient.

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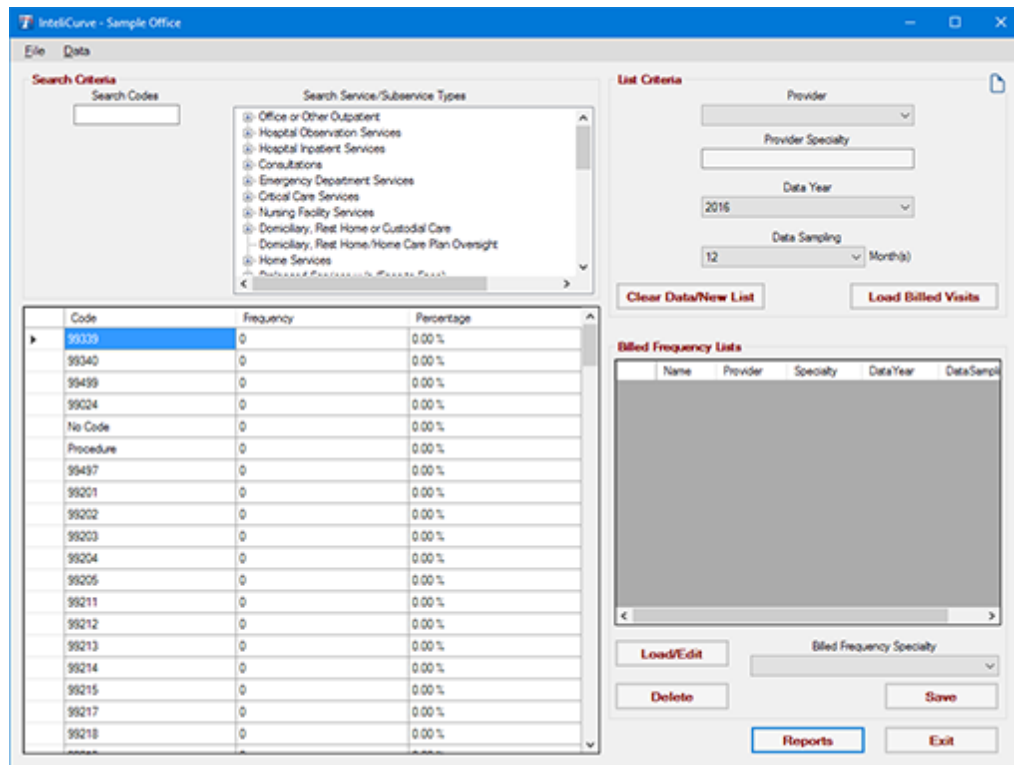
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10 Additional Products

Now that you have seen what Intelicode® offers, find out what other products are available from Intelicode® to make your life as a coder easier.

10.1 IntelliCurve

IntelliCurve is an add-on product that creates National Bell Curve Reports. You can compare your physicians to others within your organization or to CMS National or Specialty data. Quickly show your physician where he is over-utilizing or under-utilizing his work. Evaluate IntelliCurve for 30 days prior to purchasing. The evaluation will begin when IntelliCurve is first launched.



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10.1.1 Menu

- **File:** By clicking on File you can Exit IntelliCurve.
- **Data:** Here you can Import and Export a list of Utilization/Billed Frequencies.
 - **Importing Utilization/Billed Frequencies:**
 - ✍ You can import utilization/billed frequencies from a **Microsoft Excel Spreadsheet (.xls, .xlsx)**, or from a **Comma Separated Value File (.csv)**.
 - ✍ Click on the **Import Utilization/Billed**

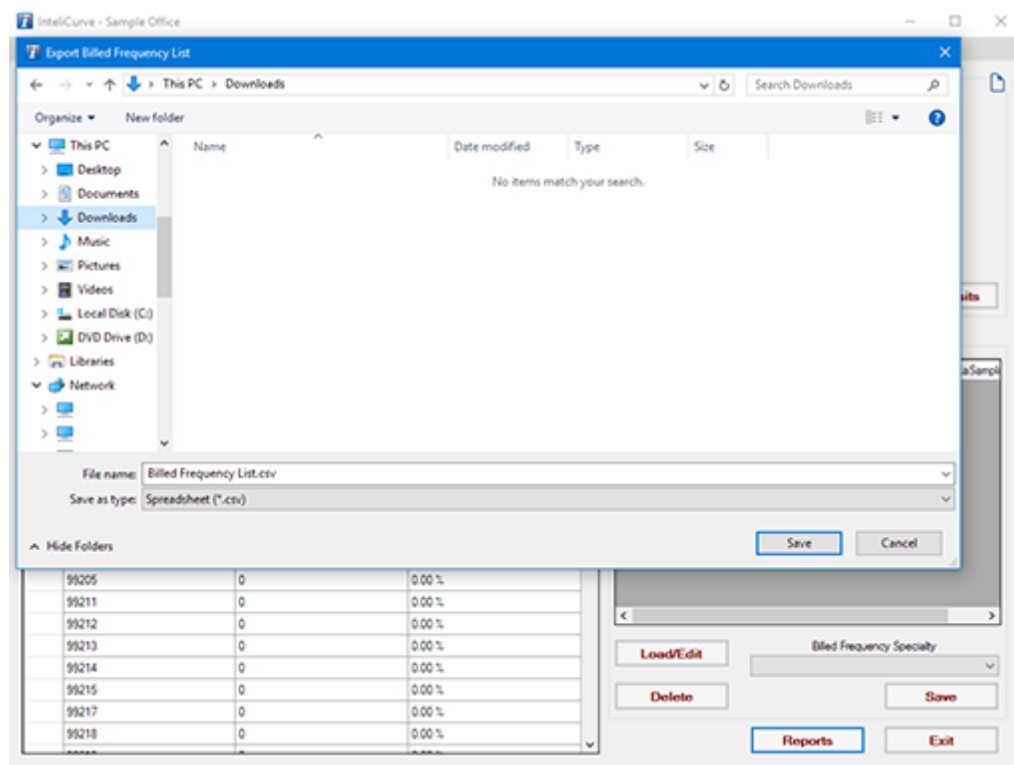
Frequencies menu option. The **Open** window will pop up.

- ✍ Browse to the location of the file you wish to import.
- ✍ Using the drop down box in the lower-right portion of the **Open** window, choose the file type of the file you wish to import.
- ✍ Next, select the file by clicking on it.
- ✍ Click the **Open** button to import the file.
- ✍ You will be prompted, "Does this file have headers?" If the top row in your spreadsheet or CSV file is made up of column headings, click **Yes**. Otherwise, click **No**
- ✍ If you clicked **Yes**, you will be prompted to match up the fields in your file to the static **Patient** table fields. Read the text in the light blue box at the bottom of the **Import Fields** window for further instructions. Click **OK** when you are confident that the fields are matched up properly.
- ✍ If you clicked **No**, you will need to match the column name to the column in your data. You can do this by right-clicking on a field and matching it up to the number of the order in which it appears in your data. The order begins with "0".
- ✍ Your imported data will appear in the grid below.

Code	Frequency	Percentage
99201	1	0.06666667
99202	2	0.13333333
99203	3	0.2
99204	4	0.26666667
99205	5	0.33333333
99211	6	0.15
99212	7	0.175
99213	8	0.2
99214	9	0.225
99215	10	0.25
99217	11	1
99218	12	0.307692308
99219	13	0.33333333
99220	14	0.358974359
99221	15	0.2175

○ Exporting Utilization/Billed Frequencies:

- ✂ If you'd like to export your **Utilization/Billed Frequency List** grid to a **Comma Separated Values (.csv)** file, click the **Export Utilization/Billed Frequencies** menu option.
- ✂ Browse to the location in which you would like to save your exported .csv file.
- ✂ Type in a file name for this file in the text box to the right of the **File Name** heading toward the bottom of the window.
- ✂ Click **Save** to save the .csv file.



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10.1.2 Search Criteria

- **Search Codes:** You can type in any code that is available in Intellicode[®] here. As you type in a code, the grid will search the codes for you (eg. if you type 993, the grid will display 99304). As you type the results in the grid become more refined.
- **Search Service/Subservice Types:** You can examine the lists of codes either by Service Type and/or by Subservice. Check the boxes next to the Service Type and/or Subservices you wish to see displayed.
- **Code, Frequency, & Percentage:** Here is the list of codes along

with the frequency used and the percentage therein. When frequency changes in the grid, so does the percentage.

The percentage takes a range of codes (e.g. 99201-99205) and calculates the percentages by taking the individual frequency divided by the total frequency for that range of codes. The selections of codes that IntelliCurve calculates are based upon Service and Subservice Types.

For example, 99224-99226 are taken from Hospital Observation Services (Service Type) and Subsequent Observation Care (Subservice). Another example is 99234-99236 and these codes are from Observation or Inpatient Hospital Care only since there is no Subservice.

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10.1.3 List Criteria

- **Provider:** When you select a Provider, the specialty loads automatically for you, but it can be changed here at any time.
- **Data Year:** This is the year that the Service Types, Subservices, and Codes are based upon. When the Year changes so does the Service Types, Subservices, and Codes respectively.
- **Data Sampling (Months):** There are numbers 1 through 12 in this drop down box for you to use. How they work is as follows: Selecting '1' would show January only. Selecting '2' would show January

through February. Selecting '3' would show January through March and so forth. The number you select would look at the respective months within the Data Year to help find any visits that were billed in that time frame.

- **Clear Data/New List & Load Billed Visits:**

- **Clear Data/New List:**

- ✍ Clears the grid/list and allows you to create a new one from scratch.

- **Load Billed Visits:**

- ✍ This will load the Billed Visits (visits with a Provider E&M Code) from the Office you are connected to, into the grid in IntelliCurve for Frequency.

- ✍ It will be based upon the Data Year and that Data Sampling that you had selected previously.

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10.1.4 Billed Frequency Lists

- **Lists that are created:** Shows the lists that you have created and saved.
- **Delete:** This will delete the selected list(s) you have chosen from the Main List.
- **Load/Edit:** This will load a list that you created and saved from the list into the grid for you to view and/or edit at any time.

- **Save:** The Save button will save the grid and put into a list on the right side once you give it a name.
- **Reports:** The Reports button will take you to the Reports Options Screen in IntelliCurve. See the Print Report Options help page for further clarification.
- **Close:** If you click the Close button, IntelliCurve will close and you will be back on the Intelicode Screen you were last on.

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10.1.5 IntelliCurve Reports

The following topics show the functionality of the IntelliCurve Reports.

10.1.5.1 Print Report Options

- **Quick Print:** Prints the Bell Curve Report to your Default Printer.
- **Print/Preview in Word:** Allows you to print multiple copies of the Bell Curve Report along with Previewing the Report before Printing as seen below.
- **Save to PDF:** Saves the Bell Curve Report to PDF Format.
- **Save to Word:** Saves the Bell Curve Report to DOCX Format.
- **Save to Excel:** Saves the Bell Curve Report to XLSX Format.
- **Display Page Numbers:** When this is checked the Page Numbers will be displayed on the Report. If it is unchecked, the page numbers will not appear.

- **Print:** Prints with the method chosen above.
- **Close:** Clicking this will close the IntelliCurve Report Options, and will bring you back to the Main Page of IntelliCurve.

IntelliCurve Report Options - Sample Office

Service Types

Select Codes for Report

- ☒ Office or Other Outpatient
- ☒ Hospital Inpatient and Observation Care Services
- ☒ Consultations
- ☒ Emergency Department Services
- ☒ Critical Care Services
- ☒ Nursing Facility Services
- ☒ Home or Residence Services
- ☒ Prolonged Services w/o Face-to-Face
- ☒ Case Management Services
- ☒ Care Plan Oversight Services
- ☒ Preventive Medicine Services
- ☒ Non-Face-to-Face Physician Services
- ☒ Special E&M Services
- ☒ Newborn Care Services
- ☒ Delivery/Birthing Room Attendance and Resuscitation
- ☒ Inpatient Neonatal Intensive Care Services and Procedures
- ☒ Other E&M Services
- ☒ Ophthalmology
- ☒ Psychiatry
- ☒ Postoperative Visit
- ☒ Osteopathic Manipulative Treatment
- ☒ Chiropractic Manipulative Treatment
- ☒ Problem With Documentation
- ☒ Procedure Only
- ☒ Cognitive Assessment and Care Plan Services
- ☒ Care Management Services

All Filter None

Report Filters

Select Data Year(s)

2024

Available Lists for Report

- ☒ National Data 2023

Office Name: Sample Office

Address: 123 Anywhere Lane

City: Midwest

Phone Number: 260-555-1215

Fax Number: 260-555-1215

State: IN

Zip: 46723

Print Report Options

☐ Quick Print ☒ Print / Preview in Word

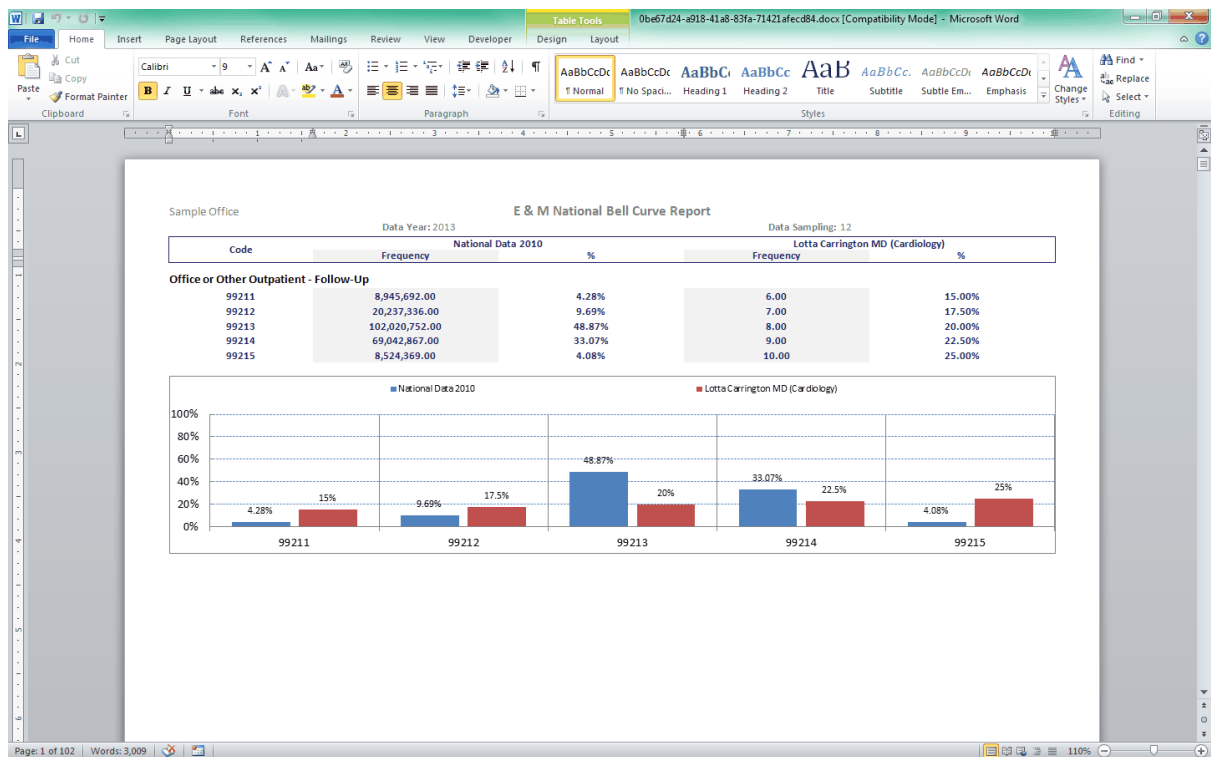
☐ Save To PDF ☐ Save To Word

☐ Email Report ☐ Save To Excel

☒ Display Page Numbers

Print Close

Code	National Data 2023 Utilization	National Data 2023 Percentage
90785	493,941	0.00%
90791	971,593	100.00%
90792	739,109	100.00%
90832	2,739,868	16.48%
90833	2,032,912	0.00%
90834	4,848,687	29.16%
90836	570,793	0.00%
90837	9,041,518	54.37%
90838	125,509	0.00%
90839	20,888	100.00%
90840	5,945	0.00%
90845	7,304	100.00%
90846	26,533	100.00%
90847	158,102	100.00%
90849	635	100.00%
90853	553,988	100.00%
90863	0	0.00%
90865	526	100.00%



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10.1.5.2 Service Types


- Select Codes for Report:**

At the top left of this screen you will see the Select Codes for Report. Here you can select what Service Types and/or Subservices you wish to report on by checking the corresponding checkboxes.

- All:**

 If you click the All button, all checkboxes will be checked and therefore all Codes will be in the Report.

○ **None:**

 If you click the None button, all checkboxes will be unchecked and no Codes will be in the Report.

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10.1.5.3 Report Filters

- **Select Data Year(s):** This function allows you to select the Year(s) you wish to view, both for the Reports that you can select and the Codes on the left side.
- **Available Lists for Report:** You need at have at least 2 lists on the Report selected and you can have up to 5 to compare against at one time. You cannot have just 1 or more than 5 selected.
- **Office Info:** This is the information about the Office you are logged into and it loads automatically. You will see the Office Name, Address, City, Phone Number, Fax Number, State, and Zip.

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10.1.5.4 Report Grid

This will load the codes automatically based upon your selections for the Codes on the left side and the Data Year. It will also load the information from the lists you check in the Available Lists for Report. You can sort by column by clicking on the column (e.g. Click the Code column to sort by code).

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10.1.6 IntelliCurve Walkthrough

- I. Let's Login and then go to Sample Office.
 - a. If you don't have access to Sample Office or have a different Office you wish to follow this walkthrough with, please do so.
 - b. NOTE: The screenshots that we take may not match what Providers and/or Billed Frequency List you may have.
2. Click Tools then IntelliCurve.

The screenshot shows the Intellicode Enterprise - Sample Office application. The 'Tools' menu is open, highlighting 'IntelliCurve...' (Alt+C). Other menu items include 'IntelliNote...' (Alt+N), 'Export Office...' (Alt+E), 'Merge Office...' (Alt+W), 'Preferences...' (Alt+P), and 'Administrator Panel...' (Alt+K). The main interface includes sections for 'Pending Audits', 'Visit Information' (with fields for Patient ID, Last Name, Patient Status, Attending Provider, Requesting Provider, Payor, Fee Schedule, and RVU - Place of Service), and 'Re-Audits'. A 'Service Type' dropdown is open on the right, showing options like 'Office or Other Outpatient', 'New Patient', 'Established Patient', 'Hospital Observation Services', 'Hospital Inpatient Services', 'Consultations', 'Emergency Department Services', 'Critical Care Services', 'Nursing Facility Services', 'Domiciliary, Rest Home or Custodial Care', 'Domiciliary, Rest Home/Home Care Plan Oversight', 'Home Services', 'Prolonged Services w/o (Face-to-Face)', 'Case Management Services', and 'Care Plan Oversight Services'. At the bottom, there are fields for 'Revised Date' (11/12/2018) and 'Audit Date' (11/12/2018).

3. If you are prompted that you only have so many days left, please click Ok.
 - a. If you cannot access the IntelliCurve either by being told your trial is

over, if your license has expired, or if IntelliCurve is not in the menu above, please either contact us or contact the Administrator for the company.

- b. If you need to purchase a license for IntelliCurve or need an extended time to demo the product, call 1-800-786-4231 and ask for Sales.
4. First, select the Provider you wish to create a Billed Frequency List for. The Billed Frequency List is a list of frequencies and percentages for codes that you can compare against the National Data or a certain specialty from the National Data.
5. The Provider Specialty should load the Default Specialty that you have assigned to that Provider. If it is blank, that means that no default has been set for that Provider.

IntelliCurve - [SQL Server] - Sample Office

Search Criteria

Search Codes

Search Service/Subservice Types

- Office or Other Outpatient
- Hospital Observation Services
- Hospital Inpatient Services
- Observation or Inpatient Hospital Care
- Consultations
- Emergency Department Services
- Critical Care Services
- Nursing Facility Services
- Domiciliary, Rest Home or Custodial Care
- Domiciliary, Rest Home/Home Care Plan Oversight
- Home Services
- Related Services (e.g., Hospice Care)

Code	Frequency	Percentage
99201	0	0.00 %
99202	0	0.00 %
99203	0	0.00 %
99204	0	0.00 %
99205	0	0.00 %
99211	0	0.00 %
99212	0	0.00 %
99213	0	0.00 %
99214	0	0.00 %
99215	0	0.00 %
99217	0	0.00 %
99218	0	0.00 %
99219	0	0.00 %
99220	0	0.00 %
99224	0	0.00 %
99225	0	0.00 %
99226	0	0.00 %
99221	0	0.00 %
99222	0	0.00 %

List Criteria

Provider: Welmore MD, Marcus #1

Provider Specialty: Family Practice

Data Year: 2014

Data Sampling: 12 Month(s)

Clear Data/New List Load Billed Visits

Billed Frequency Lists

Name	Provider	Specialty
Marcus Welmore	Welmere MD, Marcus #1	
Farthington	Farthington MD, Lawrence #6523	
Lotta Carrington	Carrington MD, Lotta #3	

Load/Edit Billed Frequency Specialty

Delete Save

Reports Exit

6. Select the Data Year when the audits were done that have a Billed (Provider) Code assigned to the visit(s). This will also load codes on the left side that you load or enter frequencies into at any time.
7. Next we will select the Data Sampling which the numbers are months. To understand more about what the numbers mean here are some examples: 3 means January-March, 8 means January-August, and so forth.
8. If you do have any visits that do have a Billed (Provider) Code assigned to it then click Load Billed Visits. This will load all those visits corresponding to the Data Year you put in earlier.
9. If you want to load in numbers into the Frequency and Percentage list that are not in Intelicode® yet, click Data then Import Utilization/Billed Frequencies. This will open a browse window where you can select an Excel file (.csv, .xls, & .xlsx) and put it into the IntelliCurve.
 - a. For more information about the Importing Process see Menu under the IntelliCurve Main Page.
 - b. You must import no sooner than this step. If you change the Data Year, the Data Sampling, or the Provider, then the list will be automatically cleared and you will have to reenter the data again.

IntelliCurve - [SQL Server] - Sample Office

Data Menu:

- Import Utilization/Billed Frequencies
- Export Utilization/Billed Frequencies

Service/Subservice Types:

- Office or Other Outpatient
- Hospital Observation Services
- Hospital Inpatient Services
- Observation or Inpatient Hospital Care
- Consultations
- Emergency Department Services
- Critical Care Services
- Nursing Facility Services
- Domiciliary, Rest Home or Custodial Care
- Domiciliary, Rest Home/Home Care Plan Oversight
- Home Services
- Referral Services w/o (Enroute Care)

Code	Frequency	Percentage
99201	0	0.00 %
99202	0	0.00 %
99203	0	0.00 %
99204	0	0.00 %
99205	0	0.00 %
99211	0	0.00 %
99212	0	0.00 %
99213	0	0.00 %
99214	0	0.00 %
99215	0	0.00 %
99217	0	0.00 %
99218	0	0.00 %
99219	0	0.00 %
99220	0	0.00 %
99224	0	0.00 %
99225	0	0.00 %
99226	0	0.00 %
99221	0	0.00 %
99222	0	0.00 %

List Criteria:

Provider: Welmore MD, Marcus #1

Provider Specialty: Family Practice

Data Year: 2014

Data Sampling: 12 Month(s)

Buttons: Clear Data/New List, Load Billed Visits

Billed Frequency Lists:

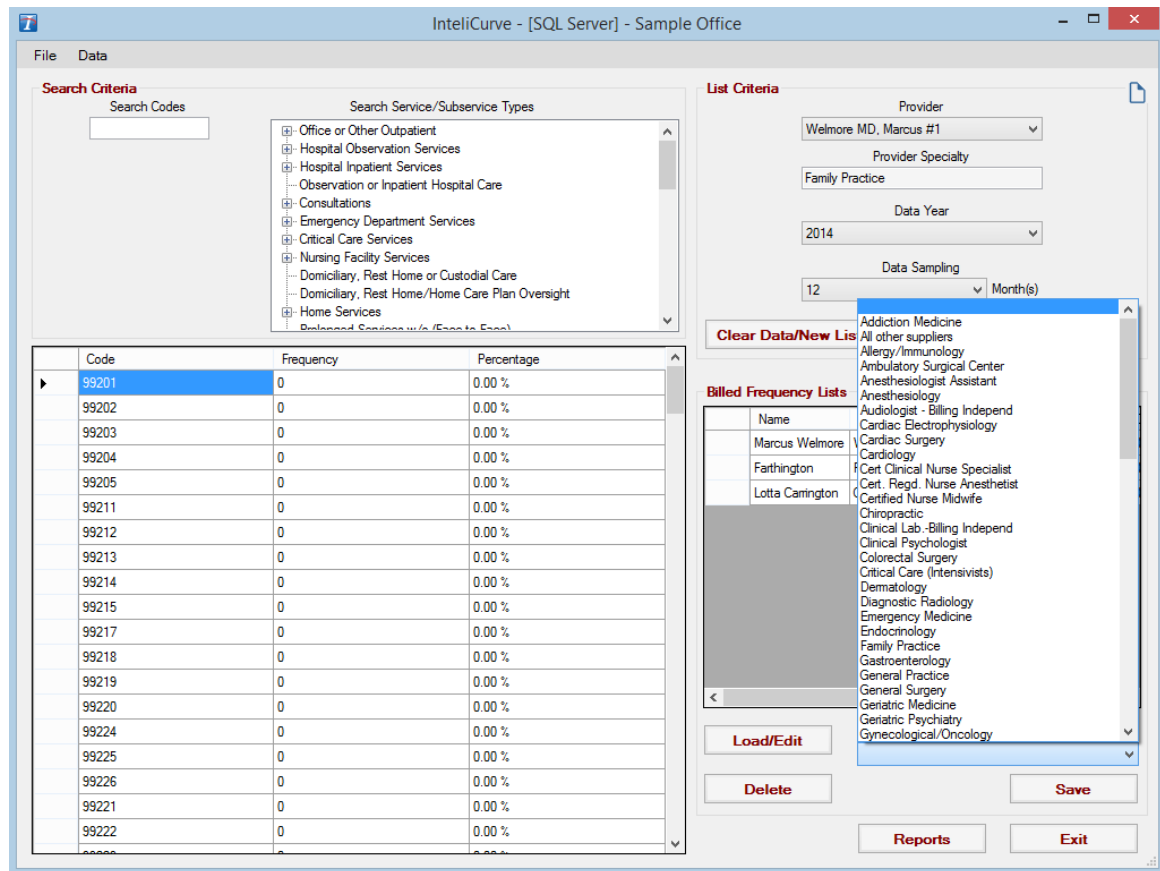
Name	Provider	Specialty
Marcus Welmore	Welmore MD, Marcus #1	2
Farthington	Farthington MD, Lawrence #6523	2
Lotta Carrington	Carrington MD, Lotta #3	2

Buttons: Load/Edit, Delete, Save, Reports, Exit

10. If you want to start over at any time click Clear Data/New List which will clear the Frequencies, Percentages, the Provider, and Provider Specialty automatically.

a. NOTE: Don't do this without clicking Save prior or you will have to reselect all information.

11. Once you done with your list, click on the Billed Frequency Specialty dropdown. This is the specialty that you can select to compare against the National Data and/or the specialty within the National Data. This Specialty can also be the same or different from the specialty assigned to the Provider.



12. Now that our list is complete, click Save. Now you would just name it in a way that is identifiable. Click Ok when satisfied with the name you have given it.

a. Click Cancel if you don't want to Save or Name the List at that time.

13. If you wish to open a Billed Frequency List you can either double-left click the List or single-left click the list then click Load/Edit. Either way will load the list back in with all info you saved it with. You can edit it at any time; just remember to click Save again to save any changes.

14. If you wish to exit IntelliCurve, click the Exit button or File in the Menu above then Exit.

15. To view the reports you can produce from IntelliCurve, click Reports.

16. Once you click Reports you will be taken to the IntelliCurve Report Options

Service Types

Select Codes for Report

- ☒ Office or Other Outpatient
- ☒ Hospital Observation Services
- ☒ Hospital Inpatient Services
- ☒ Consultations
- ☒ Emergency Department Services
- ☒ Critical Care Services
- ☒ Nursing Facility Services
- ☒ Domiciliary, Rest Home or Custodial Care
- ☒ Domiciliary, Rest Home/Home Care Plan Oversight
- ☒ Home Services
- ☒ Prolonged Services w/o (Face-to-Face)
- ☒ Case Management Services
- ☒ Care Plan Oversight Services
- ☒ Preventive Medicine Services
- ☒ Non-Face-to-Face Physician Services
- ☒ Special E&M Services
- ☒ Newborn Care Services
- ☒ Delivery/Birthing Room Attendance and Resuscitation
- ☒ Inpatient Neonatal Intensive Care Services and Pediatric
- ☒ Other E&M Services
- ☒ Ophthalmology
- ☒ Psychiatry
- ☒ Postoperative Visit
- ☒ Osteopathic Manipulative Treatment
- ☒ Chiropractic Manipulative Treatment
- ☒ Problem With Documentation

Report Filters

Select Data Year

2018

Available Lists for Report

- ☒ National Data 2017

Office Information

Office Name: Sample Office

Address: 123 Anywhere Lane

City: Midwest

Phone Number: 260-555-1215

Fax Number: 260-555-1215

State: IN

Zip: 46723

Print Report Options

☐ Quick Print ☒ Print / Preview in Word

☐ Save To PDF ☐ Save To Word

☐ Email Report ☐ Save To Excel

☒ Display Page Numbers

Table Data

Code	National Data 2017 Utilization	National Data 2017 Percentage
90785	0	0.00%
90791	0	0.00%
90792	0	0.00%
90832	0	0.00%
90833	0	0.00%
90834	0	0.00%
90836	0	0.00%
90837	0	0.00%
90838	0	0.00%
90839	0	0.00%
90840	0	0.00%
90845	0	0.00%
90846	0	0.00%
90847	0	0.00%
90849	0	0.00%
90853	0	0.00%
90863	0	0.00%
90865	0	0.00%

17. First thing you want to do is Select Data Year to load in the Lists you created into the Available Lists for Report.

18. Next you would select the Available Lists for Report. In this list should be every list you created for that year along with the National Data and the National Data followed by a specialty. An example of the National Data with a Specialty is this: National Data 2011 (Neurology). This means that the frequencies and percentages in that list are only for Neurology from the National Data 2011.

- You can select anywhere from 2 lists to 5 lists to print at a time. More than 5 would be too much to piece apart easily. Only one list would have nothing to compare to. Either way you will be prompted

by Intelicode® to have either more than one selected or less than 6 selected.

19. The Office info is on the right side in red and cannot be edited in IntelliCurve. You should see the Office Name, Address, City, Phone Number, Fax Number, State, and Zip.

20. You can select any, all, or no codes to report on if you like. You can do this by checking and unchecking the checkboxes on the left side under Select Codes for Report. This is a tree view so you can click the '+' symbol to expand and see Subservices and/or codes to add to or subtract from the report. You can also click All to select all codes or None to unselect all codes.

21. Finally select which Print Report Option you would like to use. IntelliCurve offers the same as Intelicode®. Just click Print when you are ready to print.

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10.2 IntelliNote

IntelliNote allows you to add an image or document to any visit. Show your team exactly where you documented ROS, HPI, exam elements, etc.

IntelliNote is an add-on product. Like IntelliCurve, it can be evaluated free for 30 days. The evaluation begins when IntelliNote is first launched.

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10.2.1 Main Screen

On this screen you can change the Visit Date, select an Attending Provider, and put in a Patient ID (which will put in the First Name, Last Name, Gender, and DOB automatically if the Patient exists). If a patient doesn't exist, please create it in the [Patient Management Screen](#) before this.

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10.2.2 Documents

- There are three buttons on the top here: Browse, Save, and Print. Browse opens a window to locate the file you wish to insert into IntelliNote. Save allows you to rename the image or document at any time. Print allows you to just print the image or document selected along with any elements selected.
- Document Name is where you would change the name if you wish to. Simply click in the Document Name box and retype the name, then click Save. The Page Of allows you to flip pages of a multiple page document if you insert one. This will show what page you are on and how many total there are.

- Original Documents
 - Browse (Restore) allows you to find an image or document you removed from the Original Document list.
 - To remove an image or document from the Original Document, click the one you wish to remove and then click Remove.
 - Anything you have put into the IntelliNote via Browse at the top will show in the Original Document box.
- Audited Documents
 - Browse (Restore) allows you to find an image or document you removed from the Audited Document list.
 - To remove an image or document from the Audited Document, click the one you wish to remove and then click Remove.
 - Any image or document you have added elements to will be here in the Audit Documents box.

IntelliNote

File Management View

Visit Date: 11/12/2018 Attending Provider: Patient ID: First Name: Last Name: Gender: Unknown Date Of Birth: / /

Browse Save Print

Document Name: Page 1 of 1
SampleCase 1

Original Documents:
Restore Remove
SampleCase 1

Audited Documents:
Restore Remove

Documents

The Art of E & M Auditing™

SAMPLE CASE # 1

Cynthia Brown
Record # 254545

Date 02/ 16/ 04

Chief
Complaint: Coughing, fever

HPI: Pt is a 6y.o. female here for a sick visit. Pt has had nasal congestion for 4 – 5 days, getting worse. T 102 yesterday, T 100.6 on the day before. Getting Motrin – helps. Slight cough. Sneezing persists. Ø ear ache, Ø sore throat. Still eating & drinking. Pt c/o dry throat. Pt vomited once on yesterday. Ø diarrhea. Some ill contacts at school. Sib here last week with strep throat. Mom concerned Pt may be developing strep.

Allergies: NKDA
Chronic Problems: T & A in past
Seasonal allergies?
Asthma mild intermit.
Current Medications: Motrin prn

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10.2.3 Elements

- The elements that you can select are in a tree view. All elements of History, Exam, and Decision are there along with Note Macros. What you would do is select an element by clicking the '+' sign next to where the element resides (eg, History, History of Present Illness (HPI), Location). Once you select the element move the mouse over to the image or document and draw a box over what you like. As you add elements to the image or document it will also check or add those elements in Intelicode.
- Boxes cannot overlap each other in any way. You can resize by moving your mouse to either the top left or the bottom right corners to find the arrow cursor which will allow you to resize it. You can also move it by not having the cursor in one of those corners to where it looks like 4 arrows pointing in different directions. Hold down the mouse button after you click on the box and then move and let go of the button when the box is where you want it.
- You can also change or remove a box at any time. To change, select the element you want to change the box's element to and then right click on the box and then click Change to the select element. To remove, right click on the box you no longer want to have and then click Remove. This will not only remove it from the image or document, but also Intelicode as well.
- If you are using this in Audit Prep and wish to go back to the Audit Prep screen after you finish with the image or document you attached, just close out of the InteliNote window.

The screenshot displays the IntelliNote software interface. At the top, there's a menu bar with 'File', 'Management', and 'View'. Below it is a patient information header with fields for 'Visit Date' (11/12/2018), 'Attending Provider', 'Patient ID*', 'First Name', 'Last Name', 'Gender*' (Unknown), and 'Date Of Birth'. A sidebar on the left lists various medical history categories under 'History', including 'Evaluation and Management', 'History of Present Illness (HPI)', 'Review of Systems (ROS)', and 'Past, Family, and Social (PFS)'. The main content area is titled 'The Art of E & M Auditing™' and 'SAMPLE CASE # 1'. It contains patient details: 'Cynthia Brown', 'Record # 254545', 'Date 02/16/04', 'Chief Complaint: Coughing, fever', and a detailed 'HPI' (History of Present Illness) paragraph. Below this, 'Allergies' are listed as 'NKDA', 'Chronic Problems' as 'T & A in past' and 'Seasonal allergies?', and 'Current Medications' as 'Motrin prn'.

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10.2.4 Reports

- Clicking Print in the IntelliNote will, as stated previously, print only the image or document along with any elements in the image or document.
- The Encounter Detail Report will print any image or document attached to the visit automatically.
- The Audit Summary has the option for you to add the image or document to the report for each visit in the Visit Summaries that has an image or document attached.

Sample Office
123 Anywhere Lane
Midwest, IN 46723

IntelliNote Report

260-555-1215
260-555-1215

Patient ID:	Patient Name:	Gender:	DOB:	Visit Date:	Attending Provider:
		Male	1/1/0001	11/21/2017	

Attached Document - SampleCase 1 - Page 1

The Art of E & M Auditing™

SAMPLE CASE # 1

Date 02/16/04

Cynthia Brown
Record # 254545

Chief

Complaint: Coughing, fever

HPI: Pt is a 6y.o. female here for a sick visit. Pt has had nasal congestion for 4 – 5 days, getting worse. T 102 yesterday, T 100.6 on the day before. Getting Motrin – helps. Slight cough. Sneezing persists. Ø ear ache, Ø sore throat. Still eating & drinking. Pt c/o dry throat. Pt vomited once on yesterday. Ø diarrhea. Some ill contacts at school. Sib here last week with strep throat. Mom concerned Pt may be developing strep.

Allergies: NKDA
Chronic Problems: T & A in past
Seasonal allergies?
Asthma mild intermit.
Current Medications: Motrin prn

Physical Exam:

General:	NAD	Neck:	normal
Head:	normal	Chest:	CTA Ø wheezes
Eyes:	peril	Abdomen:	Soft
Nose:	Clear rhinorrhea	Skin:	No rashes
Mouth/Throat:	normal	Lymph Nodes:	No nodes in neck

Assessment:
1) URI suspected
2) Asthma Mild Intermit.

Plan/Referrals:
Supportive Care
Albuterol MDI – prn
Nebs – Prn
Renewed scripts

Medications:
Needs Aero chamber
and teaching

Labs:
Urine Dip - Ph 6.0 Prot trace
Rapid Strep- Neg.

Instructions/Patient Education:
Albuterol & chamber

John Smith M.D.



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Report generated on 11/21/2017 1:13:04 PM by INTELLICODE® Copyright © 2017. TS. All Rights Reserved

Confidential

Page 1 of 1

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10.2.5 IntelliNote Walkthrough

1. Let's login and then go to Sample Office.
2. Click Tools then IntelliNote
 - a. This is only one way to access IntelliNote, if you want to you can also access it via the Documentation button on the Patient Screen or you can access it also when doing an Audit Prep.
 - b. If you are wondering about IntelliNote without Audit Prep being involved, skip to step # 4.

3. Click Audit Prep and then put in the information you would like (for more regarding Audit Prep see the Audit Prep section in the Patient Screen under Navigation). Once you are ready to assign a document or image click the Documentation button. This will open the IntelliNote for you to use
4. Once IntelliNote is open, you can either click Browse to open a window

that will allow you to open an Image or Document in InteliNote. You can also drag and drop an Image or Document in the InteliNote at any time to add it to a list you can add elements to.

The screenshot displays the InteliNote application window. At the top, there's a menu bar with 'File', 'Management', and 'View'. Below it is a patient information header with fields for 'Visit Date' (11/12/2018), 'Attending Provider', 'Patient ID*', 'First Name', 'Last Name', 'Gender*' (Unknown), and 'Date Of Birth'. On the left side, there's a sidebar with a 'Documents' tab selected, showing a list of 'Original Documents' and 'Audited Documents', both containing 'SampleCase 1'. The main area displays the document content for 'SAMPLE CASE # 1' by Cynthia Brown, Record # 254545. The document includes a date (02/16/04), a chief complaint (Coughing, fever), a history of present illness (HPI) describing a 6-year-old female with nasal congestion, cough, sneezing, and sore throat, and a list of allergies (NKDA), chronic problems (T & A in past, Seasonal allergies?), and current medications (Asthma mild intermit, Motrin prn).

5. Once you have a document or image loaded into InteliNote in the Original Documents list, you can select it to add elements to it. You can do this by a single-left click on the image or document.

IntelliNote

File Management View

Visit Date: 11/12/2018 Attending Provider: Patient ID: First Name: Last Name: Gender: Unknown Date Of Birth: / /

The Art of E & M Auditing™

SAMPLE CASE # 1

Cynthia Brown
Record # 254545

Date 02/ 16/ 04

Chief
Complaint: Coughing, fever

HPI: Pt is a 6y.o. female here for a sick visit. Pt has had nasal congestion for 4 – 5 days, getting worse. T 102 yesterday, T 100.6 on the day before. Getting Motrin – helps. Slight cough. Sneezing persists. Ø ear ache, Ø sore throat. Still eating & drinking. Pt c/o dry throat. Pt vomited once on yesterday. Ø diarrhea. Some ill contacts at school. Sib here last week with strep throat. Mom concerned Pt may be developing strep.

Allergies: NKDA
Chronic Problems: T & A in past
Seasonal allergies?
Asthma mild intermit.
Current Medications: Motrin prn

6. The name of the image or document is the name you originally gave it, to change this, you would type in a different name and then click Save.
7. You can set the Visit Date, Attending Provider, and Patient ID. If a patient already exists it will load in the First & Last Name, the Gender, and DOB. If the patient does not exist, you can put it in on the Patient Screen like normal or you can create the patient in the Patient Management Screen prior to opening IntelliNote.

Intellicode

File Management View

Visit Date: 2/16/2004 Attending Provider: Patient ID*: 254545 First Name: Brown Last Name: Cynthia Gender*: Female Date Of Birth: / /

Document Name: Page 1 of 1
SampleCase 1

Original Documents:
Restore Remove

Audited Documents:
Restore Remove

Documents

Elements

Collapsible

The Art of E & M Auditing™

SAMPLE CASE # 1

Cynthia Brown
Record # 254545

Date 02/ 16/ 04

Chief
Complaint: Coughing, fever

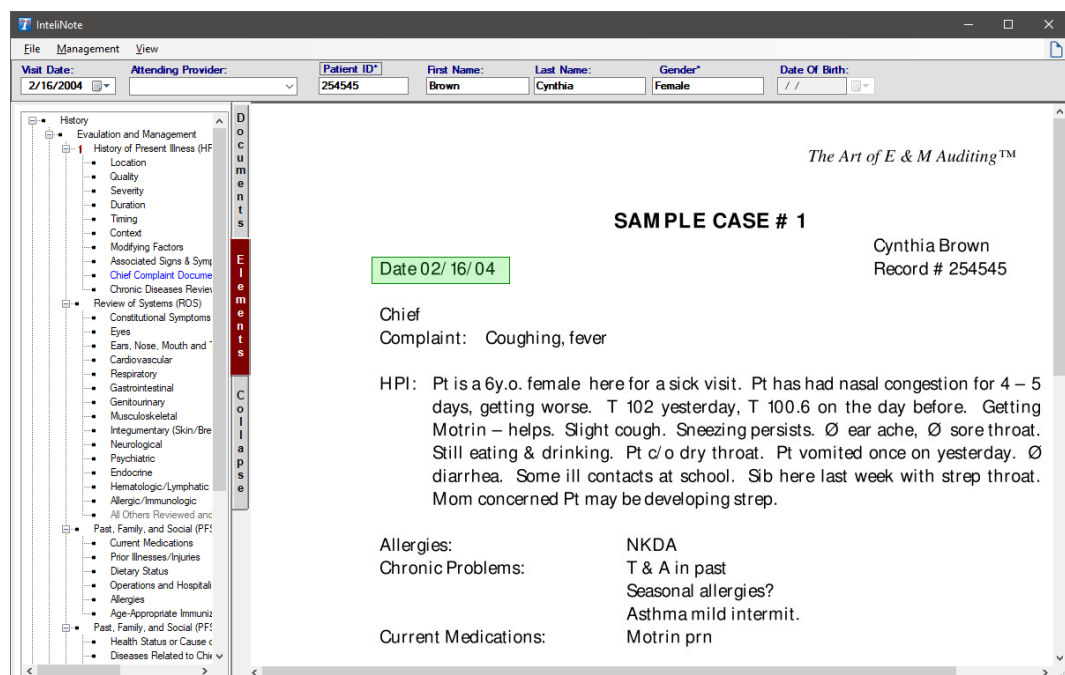
HPI: Pt is a 6y.o. female here for a sick visit. Pt has had nasal congestion for 4 – 5 days, getting worse. T 102 yesterday, T 100.6 on the day before. Getting Motrin – helps. Slight cough. Sneezing persists. Ø ear ache, Ø sore throat. Still eating & drinking. Pt c/o dry throat. Pt vomited once on yesterday. Ø diarrhea. Some ill contacts at school. Sib here last week with strep throat. Mom concerned Pt may be developing strep.

Allergies: NKDA
Chronic Problems: T & A in past
Seasonal allergies?
Asthma mild intermit.
Current Medications: Motrin prn

8. To add the elements you would like, click Elements and this will show a new tab that you can add boxes to the document of any element in Intellicode®. This can include: History (Regular, IPPE, and AWW), Exam, Decision, and Note Macros.
 - a. The elements are in a tree view and so you would click the ‘+’ symbol next to the section you wish access to. Then continue to click the ‘+’ symbol until you get to the element you wish to add.
9. After you select the element you wish to add you can move your mouse over to the image or document. You will notice that it becomes a pen. This means that you can draw a box now, if it shows a circle with a slash in the middle that means that you cannot draw a box with the element you selected.
10. You would single-left click the starting place for your box then hold your mouse button and drag to where you want to end the box and let

go of the mouse button. Now the box has been drawn. This box can be moved around, expanded in size, or shortened in size at any time.

- a. No boxes can overlap each other. If any box is overlapping then Intelicode will prompt you that no boxes can be overlapping. IntelliNote will also put the box back to its last shape and size before it was in the overlapping state.
- b. To move a box you will see a cursor with four arrows, each one pointing in a different direction. This tells you that you can move the box.
- c. To resize the box, move your mouse to the lower right corner to get cursor that has two arrows pointing away from each other. This will allow you to resize it to the right and down. You can move your mouse to the top left corner to resize it to the left and up.



11. Once you have added an element, the Original Document will be in the Audited Document list with the element you selected. The Original

Document stays there so you can reuse the document without elements at any time.

- a. You can remove any document or image from the Original Documents list by clicking the Remove button in the Original Documents sections. Restore will allow you to add any Original Document you have removed by clicking on the document or image in the box it brings up and then clicking Ok.
 - b. The same described above can be done to the Audited Documents at any time as well. Remove will remove an Audited Document from the list and Restore will allow you to put an Audited Document back into that list.
12. You can collapse the menu on the left by clicking on the Collapse button under the Documents and Elements buttons. This will allow you to see the image or document without the menu compressing the image.
13. You can print from the InteliNote by clicking Print and this will only print the image along with any elements selected. You can also print an Encounter Detail Report of the visit once you are finished with the visit or audit. This will print the visit and the attached image or document, along with elements, automatically for you. Finally you can print an Audit Summary with the image(s) or document(s) by selecting the Show Attached Documentation option under Report Options. This will show all visits along with any image or document attached to those visits along with the elements selected. The image or document will show under the visit it corresponds to.

IntelliNote

File Management View

Open... Alt+O
Save Alt+S
Print Preview... Alt+W
Print... Alt+P
Exit Alt+X

Provider: Patient ID* 254545 First Name: Brown Last Name: Cynthia Gender* Female Date Of Birth: / /

The Art of E & M Auditing™

SAMPLE CASE # 1

Cynthia Brown
Record # 254545

Date 02/16/04

Chief
Complaint: Coughing, fever

HPI: Pt is a 6y.o. female here for a sick visit. Pt has had nasal congestion for 4 – 5 days, getting worse. T 102 yesterday, T 100.6 on the day before. Getting Motrin – helps. Slight cough. Sneezing persists. Ø ear ache, Ø sore throat. Still eating & drinking. Pt c/o dry throat. Pt vomited once on yesterday. Ø diarrhea. Some ill contacts at school. Sib here last week with strep throat. Mom concerned Pt may be developing strep.

Allergies: NKDA
Chronic Problems: T & A in past
Seasonal allergies?
Asthma mild intermit.
Current Medications: Motrin prn

Documents
Collaps

- Quality
- Severity
- Duration
- Timing
- Context
- Modifying Factors
- Associated Signs & Symptoms
- Chief Complaint Document
- Chronic Diseases Review
- Review of Systems (ROS)
 - Constitutional Symptoms
 - Eyes
 - Ears, Nose, Mouth and Throat
 - Cardiovascular
 - Respiratory
 - Gastrointestinal
 - Genitourinary
 - Musculoskeletal
 - Integumentary (Skin/Beauty)
 - Neurological
 - Psychiatric
 - Endocrine
 - Hematologic/Lymphatic
 - Allergic/Immunologic
 - All Others Reviewed and Documented
- Past, Family, and Social (PFS)
 - Current Medications
 - Prior Illnesses/Injuries
 - Dietary Status
 - Operations and Hospitalizations
 - Allergies
 - Age-Appropriate Immunizations
- Past, Family, and Social (PFS)
 - Health Status or Cause of Death
 - Diseases Related to Chief Complaint

Sample Office
123 Anywhere Lane
Midwest, IN 46723

IntelliNote Report

260-555-1215
260-555-1215

Patient ID: Patient Name: Gender: DOB: Visit Date: Attending Provider:

Male 1/1/0001 11/21/2017

Attached Document - Sample Case 1 - Page 1

The Art of E & M Auditing™

SAMPLE CASE # 1

Cynthia Brown
Record # 254545

Date 02/16/04

Chief
Complaint: Coughing, fever

HPI: Pt is a 6y.o. female here for a sick visit. Pt has had nasal congestion for 4 – 5 days, getting worse. T 102 yesterday, T 100.6 on the day before. Getting Motrin – helps. Slight cough. Sneezing persists. Ø ear ache, Ø sore throat. Still eating & drinking. Pt c/o dry throat. Pt vomited once on yesterday. Ø diarrhea. Some ill contacts at school. Sib here last week with strep throat. Mom concerned Pt may be developing strep.

Allergies: NKDA
Chronic Problems: T & A in past
Seasonal allergies?
Asthma mild intermit.
Current Medications: Motrin prn

Physical Exam:

General: NAD Neck: normal
Head: normal Chest: CTA Ø wheezes
Eyes: perfl Abdomen: RUQ
Nose: Clear rhinorrhea Skin: No rashes
Mouth/Throat: normal Lymph Nodes: No nodes in neck

Assessment:

1) URI suspected
2) Asthma Mild Intermit.

Plan/Referrals:

Supportive Care
Albuterol MDI – prn
Neb – Prn
Renewed scripts

Medications:

Nexia Aero-chamber and teaching
Urine Dip - Ph 6.0
Rapid Strep - Neg

Instructions/Patient Education:

Albuterol & chamber

John Smith M.D.

INTELLICODE

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Sample Office
123 Anywhere Lane
Midwest, IN 46723

IntelliNote Report

260-555-1215
260-555-1215

Patient ID: Patient Name: Gender: DOB: Visit Date: Attending Provider:

Male 1/1/0001 11/21/2017

Attached Document - Sample Case 1 - Notes - Page 2

1 - History - History of Present Illness (HPI) - Chief Complaint Documented
2 - Exam - General/Multi System Exam (PS) - Gastrointestinal - Examination of abdomen
3 - Decision - Risk - 1 Stable Chronic Illness

INTELLICODE

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11 Shortcuts

This page includes some tips and shortcuts that you might want to familiarize yourself with. Hopefully, these will help you to more quickly and efficiently accomplish your work.

1. Quickly calculate a level of service:

- a. If you simply want to calculate a level of service, you only need to enter **Patient ID**, **Patient Status**, **Gender**, and **Service Type** (This will not work with all levels of service as some levels require key components to be met prior to generating a level).
- b. When you get to the **End** screen, you simply click **Finish**, then click **Exit Visit With No Changes**.

2. Keeping your offices updated:

- a. Each time you enter a new **Note Macro**, **Provider**, or any other item that is found in the **Management** menu, simply select the new item or items.
- b. Click the **Send to Another Office** button, choose the office (s) that you wish to update.
- c. Click **OK**.

3. A quicker way of getting into Intelicode®:

- a. Intelicode® keeps track of the last user that was in the program. So when you open Intelicode and the **Login** window appears, if your **User Name** has no **Password**, simply press **Enter** and it will bring up the

Offices window.

- b.** Intelicode® also keeps track of the last office that was used. If you wish to use the same office, simply press **Enter** again and you are in the program!

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12 Contact Us

Still need additional help? Interested in purchasing Intelicode® but don't know how? The following sections will assist you. Please choose the appropriate section and it will give you information on who to contact and how to contact us along with hours of operation.

Thank you for your interest in Intelicode®!

12.1 Corporate Headquarters

We are committed to providing not only the #1 auditing software, but excellent customer service and support to go along with it!

Address:	Technology Solutions, Inc. 101 Archery Way, Suite A Ashley, Indiana 46705 United States of America
Telephone:	800-786-4231 260-587-4599
FAX:	260-587-4597
Web Address:	https://intelicode.com/
Office Hours:	Monday through Friday 9 AM to 5 PM Eastern Time

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12.2 Sales

Contact us for information about the latest products and services.

Telephone:	800-786-4231
FAX:	260-587-4597
Web Address:	https://intelicode.com/products
Email:	sales@intelicode.com
Office Hours:	Monday through Friday 9 AM to 5 PM Eastern Time

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12.3 Technical Support

Your subscription includes toll-free support on our product during office hours. You may contact us via telephone, email, or web. Please have the following information available to help us to better serve your needs:

1. Determine your operating system version.
2. Find the version of Intelicode by clicking on the **Help** menu at the top of the screen. Then, click on the **About Intelicode** option.

Having these pieces of information available will help our support team to better diagnose any problem that you may be experiencing.

Telephone:	800-786-4231
FAX:	260-587-4597
Web Address:	https://intelicode.com/support
Email:	support@intelicode.com
Office Hours:	Monday through Friday 9 AM to 5 PM Eastern Time

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Thank you for reading the Intelicode User Manual